04-957217 [ms-0398.007.010.001]

REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A1262	CSAC 93RD ANNL MTNG				346.83
	NOT NEGOTIABLE				
				TOTAL	346.83

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3982

00755

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 1262 CLAIM

AUDITORS NO. TR 079847

DEPT. Chief Admin. Office DIV. Board of Supervisors DATE 09/16/ 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 L.
2. TITLE: Supv. Dist. 1V
3. ADDRESS OF TRAVELER: A-6
4. DESTINATION: Monterey, CA
5. DATE(S) OF MEETING: 11/17-20/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC 93rd Annual Meeting
7. ESTIMATE DATE OF: Departure 11/17/87; Return 11/20/87
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	4 days		$	$ 112.00
B. LODGING	3 nights			326.70
C. TRANSPORTATION	1 round trip			104.00
D. OTHER (SPECIFY) (1) Registration				215.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 757.70

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.) INDICATION REQUIRED

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 11/17	Date 11/18	Date 11/19	Date 11/20	Date	Total Claimed
BREAKFAST	$5.00	$	$	$	$	$	$
LUNCH	7.00						
DINNER	16.00						
FULL DAY MEALS	28.00						
LODGING	65.00	99.00	99.00	99.00			297.00
ROOM TAX	ACTUAL COST	9.90	9.90	9.90			29.70
LOCATION CITY		Monterey, CA					
TAXI	ACTUAL COST				7.00		7.00
CAR RENTAL	" "						
AIR FARE	" "	(190.00)					(190.00)
TELEPHONE	" "	1.76	4.81	4.17	2.39		13.13
REGISTRATION FEE	" "	(215.00)					(215.00)
CAR STORAGE	ACTUAL COST						
BAGGAGE	$2.00/day						
OTHER (Specify)							
TOTALS		$ 110.66	$ 113.71	$ 113.07	$ 9.39	$	$ 346.83

18. REMARKS:

19. JUSTIFICATION STATEMENT - UNUSUAL COSTS: (472.1 ADMIN. CODE & 0200-1 ADMINN MANUAL)
Monterey is a high cost area. Hotel is close to conference site.

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 346.83
—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 10:00AM Date 11/17

24. RETURN TO OFFICE OR RESIDENCE: Time 5:30PM Date 11/20

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 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 12/04/87 at San Diego, CA
SIGNED CLAIMANT

AUD. 115TR (Rev. 4/87) ADM CODE 470 TO 484 AND 145 TO 159

93rd Annual Meeting
County Supervisors Association of California
Monterey Sheraton Hotel/Doubletree Hotel/Monterey Conference Center
November 17-20, 1987

CONFERENCE REGISTRATION (Postmarked deadline: November 2, 1987)

(Please read carefully before completing form and returning it to CSAC.)
Return completed form with payment made payable to "CSAC" no later than November 2, 1987 to the following address:

CSAC REGISTRATION CENTER: **Attention: Ms. Sue McKean**
1100 K Street, Suite 101
Sacramento, CA 95814

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on the conference badge. The form must be filled out completely for registration.

*NAME LEON L. WILLIAMS

*NICKNAME: ------

*TITLE: supervisor

*COUNTY: San Diego Telephone:

ADDRESS: 1600 Pacific Hwy. MS-A500 Bus. (619) 531-5544

CITY: San Diego STATE: CA ZIP: 92101 Res. (619) 234-5544

A spouse/guest form is included in the registration packet for your convenience.

County Affiliate Association you are meeting with:

☐ CAOAC ☐ CRPDA ☐ CEAC
☐ CIOAC ☐ CPAAC

SPOUSE/GUEST NAME: _____ OTHER (please indicate) _____

REGISTRATION FEES

The FULL CONFERENCE registration fee includes: (Admission to all Sessions and Programs, Complete Conference Portfolio, Welcome Reception Tuesday Evening, Monterey County Event, Wednesday and Thursday Luncheon, Thursday Banquet, Daily Drawing for Prizes, and Refreshment Breaks.

Check the box that corresponds with your registration category.

CSAC Registration Fees (Postmarked by November 2, 1987)

			Totals
XX	Full Conference	$215.00	$ 215.00
	Wednesday Only	135.00	$
	Thursday Only	175.00	$
	Non CSAC Members	260.00	$

CSAC Late Registration (Postmarked AFTER November 2, 1987 AND On-Site Registrants)

			Totals
	Full Conference	$265.00	$
	Wednesday Only	135.00	$
	Thursday Only	175.00	$
	Non CSAC Members	310.00	$

CEAC Registration Fees (Postmarked by November 2, 1987)

			Totals
	Full Conference	$245.00	$
	Wednesday Only	135.00	$
	Thursday Only	190.00	$
	Non CSAC Members	295.00	$

CEAC Late Registration (Postmarked AFTER November 2, 1987 AND On-Site Registrants)

			Totals
	Full Conference	$295.00	$
	Wednesday Only	135.00	$
	Thursday Only	195.00	$
	Non CSAC Members	310.00	$

CANCELLATION POLICY (POSTMARK DEADLINE NOVEMBER 2, 1987) Fax 9/15/87

Refund of conference registration fee less an administrative fee of $25 will be made if cancellation is necessary, provided written notice is postmarked no later than November 2, 1987.

TRAVEL AGENTS INTERNATIONALT.M.

LA JOLLA OFFICE
7330 FAY AVENUE
LA JOLLA, CALIFORNIA
(619) 454-9511

RM - 335

gc

gc

$ 190.00

to Monterey, Ca.

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

Monterey Sheraton

The hospitality people of ITT
350 Calle Principal, Monterey, CA 93940
408-649-4234

CH

ACCOUNT 146318 (A) PAGE 01
WILLIAMS, LEON
1600 PACIFIC HIGHWAY #335
SAN DIEGO, CA 92101 ROOM 664

DATE	CODE NO.	TICKET NO.	EXPLANATION	CHARGES/CREDITS	
1987					
NOV17	511	00424	TELEPHONE	1.76 ✓	99
NOV17	011	00664	ROOM CHG	99.00 ✓	00
NOV17	011	00664	ROOM TAX	9.90 ✓	00
NOV18	511	00068	TELEPHONE	2.29 ✓	99
NOV18	151	04304	~~RM BAR BEV~~	~~2.75~~	~~83 2~~
NOV18	511	00541	TELEPHONE	2.52 ✓	99
NOV18	011	00664	ROOM CHG	99.00 ✓	00
NOV18	011	00664	ROOM TAX	9.90 ✓	00
NOV19	511	00138	TELEPHONE	4.17 ✓	99
NOV19	011	00664	ROOM CHG	99.00 ✓	00
NOV19	011	00664	ROOM TAX	9.90 ✓	00
NOV20	511	00027	TELEPHONE	2.35 ✓	99
NOV20	001	62265	~~MINI BAR C~~	~~2.75CR~~	~~33~~
NOV20	001	00006	VISA/MCARD	339.83CR	33
			TOTAL-DUE	.00	

GUEST

4024 0046 9609 1459

10/01/87 09/88 *CV
LEON L WILLIAMS
~~CA 3~~

SHERATON HOTEL
MONTEREY, CA
FICA 726
504 04 24 287

11 17 87

QTY.	CLASS	DESCRIPTION	PRICE	AMOUNT

DATE | AUTHORIZATION 425/05632 | SUB TOTAL
I.D./LICENSE NO.-STATE Rm 664 | REG./DEPT. | CLERK 33 | TAX | TIP | MISC.
MasterCard OR VISA 5172276 | TOTAL 339 83

CUSTOMER SIGNATURE Leon Williams

SAFEIPERF U.S. Pat. 4,403,793 CUSTOMER COPY

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS