[ms-0308.007.010.017]

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

A04463 CLAIM

AUDITORS NO. TR061116

DEPT. Board of Supervisors DIV'N. DATE July 30, 1986

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: Board Supervisor
3. ADDRESS OF TRAVELER: 0332
4. DESTINATION: Baltimore, MD
5. DATE(S) OF MEETING: 8/16/86-8/18/86
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: Meet with Northeast Baltimore Authority & visit two trash plants
7. ESTIMATE DATE OF: Departure 8/16/86; Return 8/18/86
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION
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)

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25. FUND/ORG. UNIT: 6831
28. ACCOUNT: 2356
26. TASK: 356
29. OPTION:
27. ACT./WK. AUTH: SW5290
30. A.E. NO.
RTCD TAX CD COR CD
VNDR NO. 999999 P/C
AUTHORITY

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS			$ 66.00	$
B. LODGING			185.12*	
C. TRANSPORTATION			49.00	
D. OTHER (SPECIFY) (1) Taxi			15.00	
(2) Baggage			1.00	
14. ESTIMATED TOTAL EXPENSES *High cost area.			$ 316.12	$

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 8/6/86
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 8/16	Date 8/17	Date 8/18	Date	Date	Total Claimed
BREAKFAST	$ 4.20	$	$ 4.20	$ 4.20	$	$	$ 8.40
LUNCH	7.20		7.20				7.20
DINNER	14.00	14.40	14.40				28.80
FULL DAY MEALS	25.80						
LODGING	50.00	80.00*	80.00*				160.00
ROOM TAX	ACTUAL COST	12.60	12.60				25.20
LOCATION CITY		New York	New York	N.Y./Balt.			
TAXI	ACTUAL COST	3.00					3.00
CAR RENTAL	" "						
~~XXXXXXX~~ AMTRAK	" "	(49.00)					(49.00)
TELEPHONE	" "						
REGISTRATION FEE	" "						
						$	$ 232.60

Advance Amount $(267.12)
Check No. AT017689
Amount Claimed* $
BALANCE— Due County $(34.52)
*Amount or less to be paid from Petty Cash

APPROVED AND/OR AUTHORIZED BY THE BOARDS OF THE COUNTY OF SAN DIEGO.
Date
Board of Supervisors

LEON L. WILLIAMS
SUPERVISOR FOURTH DISTRICT
LIC. W0052332
3024 E STREET PH. 234-5544
SAN DIEGO, CA 92102

1128

9/15 1986 90-8161/3222

PAY TO THE ORDER OF County of San Diego $ 34.52

Thirty Four & 52/100 DOLLARS

San Diego County Credit Union
5 MILDRED STREET
SAN DIEGO, CALIFORNIA 92110

MEMO

Leon Williams

⑆322281617⑆802 0900631149⑈ 1128

DELUXE - WO

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 LARI SHEEHAN, DCAO

NOTES: that the above claim and the items as therein set forth, 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 9/15/86 at San Diego, CA.

SIGNED Leon Williams CLAIMANT

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

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

A0462 CLAIM

AUDITORS NO. TR 061124

DEPT. Board of Supervisors DIV'N. DATE July 30, 1969

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: Board Supervisor
3. ADDRESS OF TRAVELER: A500
4. DESTINATION: ~~Baltimore, MD~~ Conn., N.Y.
5. DATE(S) OF MEETING: 8/12/86-8/16/86
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: Trip authorized by the S.A.F.E. for fact finding and viewing callbox installation in Mass.,
7. ESTIMATE DATE OF: Departure 8/12/86; Return 8/18/86
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION
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 ☐ RENTED AUTO ☐ PRIVATE AUTO (In Lieu) ☐ RAIL ☐ COUNTY AUTO ☐ OTHER (EXPLAIN)
11. DEPT. HEAD APPROVAL
12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 9515
28. ACCOUNT: 2356
26. TASK: 111
29. OPTION:
27. ACT./WK. AUTH: SAFE 00
30. A.E. NO.
RTCD TAX CD COR CD
VNDR NO. 999999 P/C
AUTHORITY

EXPENSE CLAIM

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS			$	$
B. LODGING				
C. TRANSPORTATION				
D. OTHER (SPECIFY)				
(1)				
(2)				
14. ESTIMATED TOTAL EXPENSES			$ SALARY ONLY	$

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 8/06/86
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. MEALS	NORMAL MAXIMUM	Date	Date	Date	Date	Date	Total Claimed
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		$	$	$	$	$	$

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:

20. Less Advance Amount $( )
Warrant No.
21. Amount Claimed* $ SALARY ONLY
—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 5:45am Date 8/12/86

24. RETURN TO OFFICE OR RESIDENCE: Time 12Mid Date 8/19/86

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 [redacted]TIFY that the travel detailed in the foregoing claim was directed by me for [redacted]nefit of my department and was authorized in accordance with law and [redacted]dinances and resolutions of the Board of Supervisors and that the [redacted]nt was at the time of the travel an officer, employee or agent of my department.

SIGNED
TITLE LARI SHEEHAN, DCAO

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 9/15/86 at San Diego
SIGNED CLAIMANT