Tms-0398.007.010.004

COUNTY OF SAN DIEGO, CALIFORNIA

CLAIM FOR TRAVEL EXPENSES — BOARD OF SUPERVISORS

CLAIM NO. BS 001094

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 WILLIAMS, LEON L. (Last / First / Middle)

ADDRESS A-500 (Street or Mail Stop)

City / State / Zip Code / Date 19

1. Official Meeting Name and/or Purpose of Trip: CALIF. BLACK SUPERVISORS RETREAT
2. Destination: LAKEPORT, CA.
3. Travel Program Trip No. or other Authority: B-2
4. Departure from Office or Residence — TIME 5:30pm DATE 9/18/87
5. Return to Office or Residence — TIME 9:30pm DATE 9/19/87
6. Method of Travel: [X] Air [ ] Bus [X] Private Auto [ ] Rail [ ] Co. Auto [ ] Rented Car [ ] Other (Explain)

7. MEALS	NORMAL MAXIMUMS	Date 9/18/87	Date 9/19/87	Date	Date	Date	TOTAL CLAIMED
Breakfast	$4.20	B $	B $	B $	B $	B $	$
Lunch	7.20	L	L *34.28	L	L	L	34.28
Dinner	14.00	D	D	D	D	D	
Full Day Meals	25.80						
LODGING	50.00	COMPLIMENTARY	COMPLIMENTARY				
Room Tax	Actual Cost						
Location City							
Car Rental	Actual Cost						
Air Fare	" "	230.00					230.00
Telephone	" "						
Registration Fee	" "						
Taxi	" "						
Private Mileage Outside County	$ .26/mile						
Baggage	1.00/day						
Car Storage	6.00/day						
OTHER (Specify)							
8. TOTAL		$ 230.00	$ *34.28	$	$	$	TOTAL $ 264.28

9. JUSTIFICATION STATEMENT — UNUSUAL COSTS: $34.28 was costsof luncheon meeting held with the four other County supervisors attending meeting.

Less Amount Assigned $ (230.00 - 66.00credi)

LESS ADVANCE ($164.00)

W. No. _____ $ (_____)

Balance Claimed or Refund Due County $ 34.28 $ (_____)

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	TRAVEL AGENTS INTERNATIONAL,	7667 Fay Avenue,	La Jolla,	CA	92037	$ 230.00
		less credit of				66.00
Lodging						
Car Rental	NOTE: Supervisor Williams returned via San Francisco rather than Sacramento .					
Other						
11. REMARKS					Total Assigned	$ 164.00

12. FUND/ORG. UNIT: 0040
13. ACCT. NO.: 2357
14. TASK: 111 OPT.:
15. ACT/W.A.: 504.1
RT.CD. _____ TAX CD. _____
COR.CD. _____ P/C _____
VNDR. NO. _____

16. AUDITOR'S USE

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 incurred 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 10/26/87 at San Diego, California

SIGNED: Leon Williams
Signature of Claimant

AUD. 115 TBS (Rev. 5-84)

TRAVEL AGENTS INTERNATIONAL T.M.

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

ACCT NO	DATE	PAGE	INVOI
1074	15 SEP 87	1	0641

SAN DIEGO COUNTY 2170 BOARD OF SUPERVISORS
GREG ADMINISTRATION CENTER
1600 PACIFIC HWY,ROOM 306 1600 PACIFIC HIGHWAY
SAN DIEGO, CA 92101

DATE	CITY-AIRPORT	TIME	AIRLINE	FLIGHT/CL	SEAT	MEAL
18SEP	LV SAN DIEGO, CA	625A	PSA	1581Q		SNACK
FRI	AR SACRAMENTO, C	744A				
19SEP	LV SACRAMENTO, C	655P	PSA	1570Q		
SAT	AR SAN DIEGO, CA	811P				

ACCESS NO. 365 3973 1037
IN CASE OF EMERGENCY CALL 1-800-237-1258

WILLIAMS/LEON TKT # 5207957126052 $ 230.00
B2
DINERS CLUB #38509103710006 O EXP 03/89 $ 230.00-

TOTAL $ 0.00

Non-Smoking 3F Both ways — 66.00 cr
$164.00

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

COUNTY OF SAN DIEGO, CALIFORNIA

CLAIM FOR TRAVEL EXPENSES – BOARD OF SUPERVISORS

CLAIM NO. BS 001094

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 WILLIAMS, LEON L. (Last / First / Middle)

ADDRESS A-500 (Street or Mail Stop)

City / State / Zip Code / Date 19

1. Official Meeting Name and/or Purpose of Trip: CALIF. BLACK SUPERVISORS RETREAT
2. Destination: LAKEPORT, CA.
3. Travel Program Trip No. or other Authority: B-2
4. Departure from Office or Residence — TIME 5:30pm DATE 9/18/87
5. Return to Office or Residence — TIME 9:30pm DATE 9/19/87
6. Method of Travel: [X] Air [ ] Rail [ ] Bus [ ] Co. Auto [X] Private Au [ ] Rented Ca [ ] Other (Explain)

7. MEALS	NORMAL MAXIMUMS	Date 9/18/87	Date 9/19/87	Date	Date	Date	TOTAL CLAIMED
Breakfast	$4.20	B $	B $	B $	B $	B $	$
Lunch	7.20	L	L *34.28	L	L	L	34.28
Dinner	14.00	D	D	D	D	D	
Full Day Meals	25.80						
LODGING	50.00	COMPLIMENTARY	COMPLIMENTARY				
Room Tax	Actual Cost						
Location City							
Car Rental	Actual Cost						
Air Fare	" "	230.00					230.00
Telephone	" "						
Registration Fee	" "						
Taxi	" "						
Private Mileage Outside County	$ .26/mile						
Baggage	1.00/day						
Car Storage	6.00/day						
OTHER (Specify)							
8. TOTAL		$ 230.00	$ *34.28	$	$	$	TOTAL $ 264.28

9. JUSTIFICATION STATEMENT – UNUSUAL COSTS: $34.28 was cost of luncheon meeting held with the four other County supervisors attending meeting.

Less Amount Assigned $ (230.00
- 66.00cre

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	TRAVEL AGENTS INTERNATIONAL,	7667 Fay Avenue,	La Jolla,	CA	92037	$ 230.00
Lodging		less credit of				66.00
Car Rental	NOTE: Supervisor Williams returned via San Francisco rather					
Other	than Sacramento .					
11. REMARKS					Total Assigned	$ 164.00

LESS ADVANCE ($164.00)
W. No. $ (Ø
Balance Claimed or Refund Due County $ 34.28 $ (

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

Dated 10/26/87 at San Diego, Californ

SIGNED: [signature] Signature of Claimant

12. FUND/ORG. UNIT: 0040
13. ACCT. NO.: 2357
14. TASK: 111 OPT.:
15. ACT/W.A.: 504.1
RT.CD. TAX CD.
COR.CD. P/C
VNDR. NO.

16. AUDITOR'S USE

AUD. 115 TBS (Rev. 5-84)

☒ VOLUNTARY ☐ INVOLUNTARY
☐ UNUSED TRANSPORTATION
☒ FARE BASIS ADJUST FROM Q CLASS TO V CLASS
☐ OTHER

PACIFIC SOUTHWEST AIRLINES (520)
TRANSPORTATION CREDIT

DATE OF ISSUE
19 SEP 87

1. CARDHOLDER COPY

DATE AND PLACE OF ISSUE
524410
PSA SAN FRANCISCO
10-2625

TRANSPORTATION USED - IF FARE BASIS ADJUSTMENT INVOLVED

CARRIER	FLIGHT	CLASS	DATE

ORIGINAL TICKET NO.(S) - IF EXCHANGE INVOLVED

AIRLINE	FORM	SERIAL

AGENT 2075

TICKETS AND PASSENGER'S NAME — SEGMENTS AFFECTED — AMOUNT CREDITED

AIRLINE	FORM	SERIAL	CPN	FROM	FARE
520	795	7 126052	2	SMF	
DATE SOLD	PASSENGER NAME			TO	TAX
9/15	WILLIAMS/LEON			SAN	
AIRLINE	FORM	SERIAL	CPN	FROM	FARE
DATE SOLD	PASSENGER'S NAME			TO	TAX

CURRENCY OF TICKETOR	EXCHANGE RATE	AMOUNT IN CONTRACTOR CURRENCY	TOTAL AMOUNT (SUBJECT TO AUDIT)
			$ 66-00

NAME OF CREDIT CARD COMPANY (OR CODE)
DC

IMPRINT/WRITE COMPLETE CREDIT CARD INFORMATION
DC385091037100006
3/89
EXP. DATE
Travel Agents INTL
La Jolla CA
05 653977-0 / 06146

TRAVEL AGENTS INTERNATIONALT.M.

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

ACCT NO	DATE	PAGE	INVOICE
1074	15 SEP 87	1	[illegible]

MR. [illegible] COUNTY [illegible] 7670 BOARD OF SUPERVISORS
[illegible]
[illegible] ADMINISTRATION CENTER
[illegible] [illegible] HIGHWAY
SAN DIEGO, CA [illegible]

DATE	DEPT. CITY	TIME	AIRLINE	FLIGHT/CL	STAT	REF
	ARRIVE LV SAN DIEGO, CA	0758	PAA			
	ARR SF SACRAMENTO, C	744A		1618		BRDGE
19SEP	LV SACRAMENTO, C	658A	PAA			
	ARR SAN DIEGO, CA	811P		1570B		

ACCESS NO. [illegible] 1037
IN CASE OF EMERGENCY CALL 1-800-257-1258

MILLARD/LEON	TKT 6.5207957120052 32		283.00
DINERS CLUB	38-809103710006	EXP 03/89	220.00
		TOTAL $	0.00

$ -66.00
164.00

Credit of $66.00
because Supervisor returned
via San Francisco rather
than Sacramento

JG Jacome

$ See attached copy of Credit. Original was sent to Travel Agents Int'l

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

Cardmember Account No.
3732 130025 31000

Expiration Date Checked
X

Carrier 04/86 THRU 04/88 86 AX

Approval Code

LEON L WILLIAMS

Cardmember Account No.
2982576

Service Establishment
B/W EL GRANDE
2304002443 INN
4310321930002280
5040124091 CA

Date of Charge
9/19/87
092087

Any Delayed Charges As Listed Below

Merchandise/Services
27.15

Type of Delayed Chg.

Taxes
1.63

Amt. of Delayed Chg.

Establishment Agreement to transmit to American Express Travel Related Services [illegible] Merchandise [illegible] Establishment [illegible]

Phone # 619 [illegible]

Tips/Misc.
3.50

Revised Total

Cardmember Signature
Leon L. Williams

Total
34.28

Amexco Use Only
Equivalent Amount

Invoice Number

Please Print Firmly

Record of Charge

Cards 281410

Cardmember Copy

EZ 20240 Rev. 15/88 Printed in USA 5/88

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

A-1765

TRAVEL REQUEST AND EXPENSE CLAIM

CLAIM AUDITORS NO. TR 079892

DEPT. CAO DIV. District IV DATE 10/27/ 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: Supv. Dist. IV
3. ADDRESS OF TRAVELER: A-6
4. DESTINATION: San Francisco, CA
5. DATE(S) OF MEETING: 10/23/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC Executive Committee Meeting
7. ESTIMATE DATE OF: Departure 10/23/87 Return 10/23/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Trip #5

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			$	$
B. LODGING				
C. TRANSPORTATION	1 round trip			128.00
D. OTHER (SPECIFY) (1) Taxi				15.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 143.00

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.) 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.

17.	NORMAL MAXIMUM	Date 10/23	Date	Date	Date	Date	Total Claimed
MEALS							
BREAKFAST	$5.00	$	$	$	$	$	$
LUNCH	7.00						
DINNER	16.00						
FULL DAY MEALS	28.00						
LODGING	65.00						
ROOM TAX	ACTUAL COST						
LOCATION CITY							
TAXI	ACTUAL COST	15.00					15.00
CAR RENTAL	" "						
AIR FARE	" "	(128.00)					(128.00)
TELEPHONE	" "						
REGISTRATION FEE	" "						
CAR STORAGE	ACTUAL COST						
BAGGAGE	$2.00/day						
OTHER (Specify)							
TOTALS		$ 15.00	$	$	$	$	$ 15.00

18. REMARKS:

19. JUSTIFICATION STATEMENT - UNUSUAL COSTS: (472.1 ADMIN. CODE & 0200-1 ADMINN MANUAL)

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 15.00
—OR—
22. Refund Due County $( )
pd from CAO
*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.

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 thereof 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 10/27/87 at San Diego, CA
SIGNED Leon Williams CLAIMANT

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

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

AUDITORS NO. TR 079896

DEPT. CAO DIV. District IV DATE 10/27/ 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: Supv. Dist. IV
3. ADDRESS OF TRAVELER: A-6 Please call Melba at 3398 for pick up
4. DESTINATION: Seattle, Wash
5. DATE(S) OF MEETING: 10/15/-17/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: NACO Board of Directors Meeting
7. ESTIMATE DATE OF: Departure 10/15/87; Return 10/17/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Trip #8

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)

EXPENSE CLAIM

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	3 days		$	$ 84.00
B. LODGING	2 nights			100.00
C. TRANSPORTATION	1 round trip			356.00
D. OTHER (SPECIFY) (1) taxi				23.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 563.00

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.) 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.

17. MEALS	NORMAL MAXIMUM	Date 10/15	Date 10/16	Date 10/17	Date	Date	Total Claimed
BREAKFAST	$5.00	$	$ 4.95	$ 4.95	$	$	$ 9.90
LUNCH	7.00		7.00	7.00			14.00
DINNER	16.00	10.95					10.95
FULL DAY MEALS	28.00						
LODGING	65.00	50.00	50.00				100.00
ROOM TAX	ACTUAL COST	6.45	6.45				12.90
LOCATION CITY		Seattle, Wash					
TAXI	ACTUAL COST	5.00		18.00			23.00
CAR RENTAL	" "						
AIR FARE	" "						
TELEPHONE	" "	17.28	8.87	13.10			39.25
REGISTRATION FEE	" "						
CAR STORAGE	ACTUAL COST						
BAGGAGE	$2.00/day						
OTHER (Specify)							
TOTALS		$ 89.68	$ 77.27	$ 43.05	$	$	$ 210.00

18. REMARKS: Airfare was paid on B-1.

19. JUSTIFICATION STATEMENT - UNUSUAL COSTS: (472.1 ADMIN. CODE & 0200-1 ADMINN MANUAL)

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 210.00
—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 2:00PM Date 10/15

24. RETURN TO OFFICE OR RESIDENCE: Time 4:00PM Date 10/17

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 10/27/87 San Diego, CA
SIGNED X Roy Williams CLAIMANT

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