04- 758824 [ms-0348.007.010.013] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
B-11	CSAC HAZMAT CONFERENCE				59.28
	NOT NEGOTIABLE				
				TOTAL	59.28

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

01752

115 TBS (Rev. 12-79)

COUNTY OF SAN DIEGO, CALIFORNIA – BOARD OF SUPERVISORS

CLAIM FOR TRAVEL EXPENSES

CLAIM NO. BS 00582

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: CSAC HAZMAT CONFERENCE
2. Destination: SACRAMENTO
3. Travel Program Trip No. or other Authority: B-11
4. Departure from Office or Residence: TIME 2:50P DATE 1/8/87
5. Return to Office or Residence: TIME 8.05P DATE 1/9/87
6. Method of Travel: [X] Air [ ] Rail [ ] Bus [ ] Co. Auto [ ] Private A [ ] Rented C [ ] Other (Explain)

7. MEALS	COST LOW	AREA HI	Date 1/8/87	Date 1/9/87	Date	Date	Date	TOTAL CLAIMED
Breakfast	$3.00	$3.50	B $	B $	B $	B $	B $	$
Lunch	5.00	6.00	L	L	L	L	L	
Dinner	7.00	12.00	D	D	D	D	D	
Full Day Meals	15.00	21.50						
LODGING	20.00	32.00		50.00				50.00
Room Tax	Actual Cost			5.00				5.00
Location City			Sacto.	Sacto.				
Car Rental	Actual Cost							
Air Fare	"	"	$220.00					220.00
Telephone	"	"		4.28				4.28
Registration Fee	"	"						
Taxi	"	"						
Private Mileage Outside County	$ .10/mile							
Baggage	1.00/day							
Car Storage	4.00/day							
OTHER (Specify)								
8. TOTAL			$ 220.00	$ 59.28	$	$	$	TOTAL $ 279.28

9. JUSTIFICATION STATEMENT – UNUSUAL COSTS:

Less Amount Assigned $ (220.00

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,	8062 Clairemont Mesa Blvd.,	San Diego		92111	$ 220.00
Lodging						
Car Rental						
Other						
					Total Assigned	$ 220.00

11. REMARKS

LESS ADVANCE
W. No. $ (Ø
Balance Claimed or Refund Due County $ 59.28
$ (

THE UNDERSIGNED STATES: That the above clai and the items as therein set out are true and correc that each item is a necessary expense in curred 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 aft the expense incurred.
I declare under penalty of perjury that the foregoing is true and correct.

Dated 1/29/87 at San Diego, California

SIGNED: [signature]
Signature of Claimant

13. FUND/ORG. UNIT: 0040
14. ACCT. NO.: 2356
15. TASK: 111 OPT.:
16. ACT/W.A.: 504.1
RT.CD. TAX CD.
COR.CD. P/C
VNDR. NO.

17. Approved per Section 29707 G.C.
County Counsel

18. AUDITOR'S USE

(ROOM)
(IN–OUT DATE) (LAST) (NAME) (FIRST) (RATE–OUT DATE)

COUNTY SUPERVISORS ASSN
1100 K STREET, STE 101
SACRAMENTO, CA 95814
SMFHIHFJEJAN07SMFHIHFSUE

(#GUESTS) TIME ARR. DATE
TAX
ROOM CLERK CR NR

ROOM NUMBER
32190025

FOLIO NUMBER 02893

Rates do not include applicable sales, occupancy, or other taxes.

TRANSFER TO CREDIT LEDGER

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated persons, company or association fails to pay for any part or the full amount of these charges.

THE SACRAMENTO HILTON
2200 HARVARD
SACRAMENTO, CA 95815
(916) 922-4700

GUEST SIGNATURE
FIRM
ADDRESS

4024 0046 9609 1459
10/01/86 09/87 CV
LEON L WILLIAMS
GR 3

DATE | SERVER
AUTHORIZATION | CASHIER
CHECK NO /FOLIO NO

SACRAMENTO HILTN
SACRAMENTO INN
CA 5040117764
4604000242

5838607

PURCHASES
TAX
SERVER
OTHER
TIP
TOTAL 59.28

PURCHASER SIGN HERE
X

The issuer of the card identified on this sales slip is authorized to pay the amount shown as TOTAL upon proper presentation. I agree 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

SALES SLIP
THIS SLIP TO BE USED WITH MasterCard OR VISA
CUSTOMER COPY
SAFEIPERF U.S. Pat. 4,403,793

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS.

HILTON HOSPITALITY
AROUND THE WORLD

PLEASE NOTIFY ROOM CLERK IF THERE IS ANY ERROR IN THIS RECORD OF YOUR REGISTRATION. WE WANT TO MAKE CERTAIN THAT YOUR NAME AND ROOM NUMBER ARE CORRECT SO THAT YOUR MAIL, TELEGRAMS, AND MESSAGES MAY REACH YOU PROMPTLY.

R96-62356-B NCR PATS. 4,259,569, D-261,007

GSR	NO GUESTS	CR	ROOM NO	CHECK-IN TIME	DATE	FOLIO NO

HILLIARD, MR L
01/05 ROOM CHG 50.00
01/08 TAX 5.00
01/08 15.0%BALANCE 55.00
01/09 ROOM CHG 50.00
01/09 TAX 5.00
01/09 15.0%BALANCE 55.00
LONG DST 19-470-0300 4.28
01/09 2756 BALANCE 59.28
FOLIO 02893 SETTLED 59.28
CHK OUT 59.28
MC/VISA 59.28
FOLIO # 049895 POSTED
PA 88015 RM
ROUTING 02893
TL 50120 1/06 01/09/87 01:20:18