1. WHITE—TRAVELER
2. YELLOW—C.A.O.
3. PINK—AUDITOR & CONTROLLER
4. G. ROD—REQUESTING DEPT.
5. BLUE—BOARD OF SUPERVISORS
6. GREEN—REQ. DEPT. FILE COPY

[ms-0398.007.010.010]

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 3054 CLAIM

AUDITORS NO. TR 039767

DEPT. BOARD OF SUPERVISORS DIV'N. DISTRICT FOUR DATE February 2, 1987

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): LIPOWCAN, JANICE
2. TITLE: ADM.ASSISTANT
3. ADDRESS OF TRAVELER: A-500
4. DESTINATION: San Ysidro/Tijuana
5. DATE(S) OF MEETING: March 22, 1987
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: RUDAT Workshop & Tour
7. ESTIMATE DATE OF: Departure 8:00 AM 3/22/87; Return 5:00 PM 3/22/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: A3054

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25. FUND/ORG. UNIT: 0040
26. TASK: 111
27. ACT./WK. AUTH.: 504.1
28. ACCOUNT: 2356
29. OPTION:
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 CAR ☐ PRIVATE AUTO (In Lieu) ☒ OTHER (EXPLAIN) County Van

11. DEPT. HEAD APPROVAL

12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

13. BUDGET DETAILS

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

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.

EXPENSE CLAIM

17.	Normal Maximum	Date 3/22/87	Date	Date	Date	Date	Total Claimed
MEALS							
BREAKFAST	$3.50	$	$	$	$	$	$
LUNCH	6.00	7.20					7.20
DINNER	12.00						
FULL DAY MEALS	21.50						
LODGING	32.00						
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* $ ____
—OR—
22. Refund Due County $(____)
*25 or less may 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 as officer, employee or agent of my department.

TITLE SUPERVISOR, FOURTH DISTRICT

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 2/2/87 at San Diego, CA

SIGNED Janice Lipowcan CLAIMANT

115TR (REV. 12-82)

ADM CODE 480 TO 482.1 AND 145 TO 159