04- 722878 [ms-0398.007.010.012] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A1677	CSAC EXE COMMITTEE MTG				92.84
	NOT NEGOTIABLE				
				TOTAL	92.84

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

00647

04- 786721

REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A3165	NOT NEGOTIABLE				100.80
				TOTAL	100.80

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

01002

Sent to
Mocha
3/3/87

Sheraton-Palace
2 NEW MONTGOMERY STREET
SAN FRANCISCO, CA 94105
(415) 392-8600

The hospitality people of ITT

CH
ACCOUNT 105899 (A)
WILLIAMS, LEON
BOARD OF SUPERVISORS
1600 PACIFIC HYWY #335
SAN DIEGO, CA 92101

PAGE 01
ROOM 281

DATE	DEPT. NO.	TICKET NUMBER	EXPLANATION	CHARGE	CREDIT
1987					
FEB26	011	00281	ROOM CHRG	80.00	00
FEB26	011	00281	ROOM TAX	8.80	00
FEB27	001	00019	C BL/DINER	88.80CR	43
			TOTAL-DUE	.00	

Cardmember and Number
3899 212858 0002
LEON L WILLIAMS
80 CB 06/86 05/87
Establishment
5413880221001 14
SHERATON PALACE
5040111643 AMEX
3204101327 DINER

Date of Charge 2-27-87
2 26 87

Amount of Purchase
Taxes
Tips/Misc.
Total 88.80

Approval Code 84
Check or Bill # 281
Any charges not entered on your bill at check-out time will appear below.
Type of charge
Amount of charge
Revised Total

Signature
X
Charges recorded hereon were incurred by me and receipt of the service or merchandise is hereby acknowledged.

489790

DINERS CLUB
CARTE BLANCHE
World-wide financial and traveler services from CITICORP
Cardmember Charge Record

02/26/87
02/27/87
.00
SUP1R
01

THE SHERATON-PALACE HOTEL IS OWNED BY KYO-YA CO., LTD., WHICH EMPLOYS SHERATON OPERATING CORPORATION AS ITS MANAGING AGENT FOR OPERATIONS.

IF YOUR BILL IS TO BE CHARGED TO A CREDIT CARD THE SIGNATURE BELOW IS DEEMED TO HAVE BEEN MADE ON THE APPLICABLE CREDIT CARD VOUCHER.

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OF OR THE FULL AMOUNT OF THESE CHARGES.

Guest's Signature

CHARGED TO

STREET

CITY STATE

COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS • 1600 PACIFIC HIGHWAY, ROOM 335
SAN DIEGO, CALIFORNIA 92101 • (619) 236-4444

LEON L. WILLIAMS
SUPERVISOR
FOURTH DISTRICT

March 3, 1987

Travel Agents International
8062 Clairemont Mesa Blvd.
San Diego, CA 92111

Attention: Kelli

Please credit Supervisor Williams' account with this portion of the ticket, which was not used.

Thank you!

JO JORDAN
Administration Assistant

Enclosure

PASSENGER TICKET AND BAGGAGE CHECK — SUBJECT TO CONDITIONS CONTAINED IN THIS TICKET
ISSUED BY: EASTERN AIRLINES
ENDORSEMENTS/RESTRICTIONS/LIMITATIONS
CONJUNCTION TICKET(S): CNJ2/61-62
ARC FLIGHT COUPON-2
DATE OF ISSUE: 23 JAN 87
NOT TRANSFERABLE
ORIGIN/DESTINATION: SAN/SAN
BOOKING REFERENCE
ISSUED IN EXCHANGE FOR
7896:401:062
SAN DIEGO PROF TVL INC
SAN DIEGO CA
05 88063-0/JFKW6X
PASSENGER NAME: WILLIAMS/LEON MR
X HOUSTON INTL EA 1673 T 26 JAN 409A OK TNOBAG
X LOS ANGELES UA 190 Q 26JAN 625A OK Q
SAN DIEGO
--VOID--
--VOID--
FARE 274.07
EQUIV. FARE PD.
TAX 21.93
TAX
TOTAL
FARE CALCULATION: SAN TW LAX17.59K EA -XIAH EA CLT119.44TNOBAG EA -XIAH EA LAX1
19.44TNOBAG UA SAN17.59Q TL274.07
FORM OF PAYMENT: AX373213002531000 02/87
AA-AGT. INFO. 296.00
0011/
CONTROL NO. 049913419 30
CPN. 2 AIRLINE CODE 007 FORM 7896401062 SERIAL NUMBER 5 CK
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE
ORIGINAL ISSUE 7LEB
TOUR CODE
0070
DK008005 INV0002211
10

Room 115

Dorm Inn

704-527-

1420

B-5

32 [illegible]

EASTERN

364-6131

Outtrell Spec

394-5548

PASSENGER TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS CONTAINED IN THIS TICKET

ISSUED BY: EASTERN AIRLINES

CONJUNCTION TICKET(S): CNJ2/61-62

See below for Airline Form, Serial Number

ENDORSEMENTS/RESTRICTIONS (CARBON)

ARC PASSENGER COUPON

DATE OF ISSUE: 23 JAN 87

ORIGIN/DESTINATION: SAN/SAN

BOOKING REFERENCE:

SAN DIEGO PROF
TVL INC
SAN DIEGO CA
05 88063-0/JFKW6X

PSGR CPN

PASSENGER NAME: WILLIAMS/LEON MR

NOT TRANSFERABLE

ISSUED IN EXCHANGE FOR

X/O	FROM / TO	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT. DESIGNATOR
	SAN DIEGO		TW	702	K	23JAN	740P	OK	K
X	LOS ANGELES		EA	94	T	23JAN	905P	OK	TNOBAG
X	HOUSTON INTL		EA	420	T	24JAN	400A	OK	TNOBAG
O	CHARLOTTE		EA	421	T	25JAN	1125P	OK	TNOBAG
	HOUSTON INTL								

BAGGAGE CHECKED / UNCHECKED — PCS. — WT. — UNCHECKED — PCS. — WT. — UNCHECKED — PCS. — WT. — UNCHECKED — PCS. — WT. — UNCHECKED

FARE

FARE CALCULATION: SAN TW LAX17.59K EA -XIAH EA CLT119.44TNOBAG EA -XIAH EA LAX119.44TNOBAG UA SAN17.59Q TL274.07

EQUIV. FARE PD. 274.07

TAX

TAX 21.93

TOTAL 296.00

FORM OF PAYMENT: AX373213002531000 02/87

TOUR CODE: 7LEB

ORIGINAL ISSUE

A/L-AGT. INFO.

CONTROL NO. 0011/ 04991341930

CPN. | AIRLINE CODE | FORM | SERIAL NUMBER | CK

007 7896401061 3 ¤

0070 10

DK008005 INV0002211

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

(486) 1472 PRINTED IN U.S.A. BY RAND McNALLY

DATE AND PLACE OF ISSUE

DATE AND PLACE OF ISSUE

IF IS ISSUED FOR PURCHASE OF ISSUED THIS TICKET FROM TO ANY ENTITY OR TO AUTHORIZED AGENTS

IGN HE

PASSENGER TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS CONTAINED IN THIS TICKET

ISSUED BY
EASTERN AIRLINES

ENDORSEMENTS/RESTRICTIONS (CARBON)

CONJUNCTION TICKET(S)
CNJ2/61-62

ARC PASSENGER COUPON

DATE OF ISSUE
23 JAN 87

NOT TRANSFERABLE

ORIGIN/DESTINATION
SAN/SAN

BOOKING REFERENCE

ISSUED IN EXCHANGE FOR

See below for Airline Form, Serial Number

SAN DIEGO PROF
TVL CTR
SAN DIEGO CA
05 88063-0/JFKW6X

PSGR CPN

DATE AND PLACE OF ISSUE

PASSENGER NAME
WILLIAMS/LEON MR

X/O	FROM — NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT. DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
X	HOUSTON INTL	EA	1673	T	26JAN	409A	OK	TNOBAG			
X	LOS ANGELES	UA	190	Q	26JAN	625A	OK	Q			
	SAN DIEGO										
	--VOID--										
	--VOID--										

BAGGAGE CHECKED UNCHECKED PCS. WT. UNCHECKED PCS. WT. UNCHECKED PCS. WT. UNCHECKED PCS. WT. UNCHECKED

FARE 274.07

FARE CALCULATION
SAN TW LAX17.59K EA -XIAH EA CLT119.44TNOBAG EA -XIAH EA LAX119.44TNOBAG UA SAN17.59Q TL274.07

EQUIV. FARE PD.

TAX 21.93

TAX

TOTAL 296.00

TOUR CODE
7LEB

FORM OF PAYMENT
AX3732130025310002/87

CPN. AIRLINE CODE FORM SERIAL NUMBER CK

ORIGINAL ISSUE

0070 10

DK008005 INV0002211

A/L-AGT. INFO.
0011/

CONTROL NO.
04991341930

007 7896401062 4

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

PRINTED IN U.S.A. BY RAND McNALLY (4-86)

IT IS UNLAWFUL TO PURCHASE OR ACCEPT THIS TICKET FROM ANY PERSON OTHER THAN THE CARRIER OR AUTHORIZED AGENT OF THE CARRIER

115 TBS (Rev. 12-79)

COUNTY OF SAN DIEGO, CALIFORNIA – BOARD OF SUPERVISORS
CLAIM FOR TRAVEL EXPENSES

CLAIM NO. BS 00581

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 PRATT (Last) H. (First) WESLEY (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: A-2857
4. Departure from Office or Residence: TIME 2:50 P. DATE 1/8/87
5. Return to Office or Residence: TIME 8:05 P. DATE 1/9/87
6. Method of Travel: [X] Air [ ] Rail [ ] Bus [ ] Co. Auto [ ] Private A[illegible] [ ] Rented C[illegible] [ ] 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	"	"						
Registration Fee	"	"						
Taxi	"	"						
Private Mileage Outside County	$ .10/mile							
Baggage	1.00/day							
Car Storage	4.00/day							
OTHER (Specify)								
8. TOTAL			$ 220.00	$ 55.00	$	$	$	TOTAL $ 275.00

9. JUSTIFICATION STATEMENT – UNUSUAL COSTS:

Less Amount Assigned $ (Ø

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						$
Lodging						
Car Rental						
Other						
11. REMARKS					Total Assigned	$

LESS ADVANCE Ø
W. No. ____ $ (
Balance Claimed or Refund Due County $ 275.00
$ (

THE UNDERSIGNED STATES: That the above clair 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 1/20/87 at San Diego, Californ

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