04- 743396 [ms-0398.007.010.011] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A2434	NACO BRD OF DIRECTORS				317.40
	NOT NEGOTIABLE				
				TOTAL	317.40

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

01952

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 050231

DEPT. CAO/OIPA DIV'N. District IV DATE 11/26/ 19 86

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: Miami, Fla.
5. DATE(S) OF MEETING: 11/05-07/86
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: NACO Board of Directors' Meeting
7. ESTIMATE DATE OF: Departure 11/05/86 Return 11/10/86
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Unanticipated

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)

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	4 days		$	$ 103.20
B. LODGING	3 nights			260.70
C. TRANSPORTATION	1 round trip			159.00
D. OTHER (SPECIFY)				
(1) Taxi				20.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 542.90

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 11/05	Date 11/06	Date 11/07	Date 11/08	Date	Total Claimed
MEALS							
BREAKFAST	$ 4.20	$	$	$ 4.20	$ 4.20	$	$ 8.40
LUNCH	7.20						
DINNER	14.00			12.80			12.80
FULL DAY MEALS	25.80	17.50					17.50
LODGING	50.00	79.00	79.00	79.00			237.00
ROOM TAX	ACTUAL COST	7.90	7.90	7.90			23.70
LOCATION CITY		Miami,	Fla.				
TAXI /Bus	ACTUAL COST	9.00			9.00		18.00
CAR RENTAL	" "						
AIR FARE	" "	(159.00)					(159.00)
TELEPHONE	" "						
REGISTRATION FEE	" "						
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$ 113.40	$ 86.90	$ 103.90	$ 13.20	$	$ 317.40

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:
Miami is a high cost area.

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 317.40
—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 5:30AM Date 11/05

24. RETURN TO OFFICE OR RESIDENCE: Time 4:30PM Date 11/10

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.
SIGNED Katherine Jarvis SA II
TITLE Chief Admin. Officer Norman W. Hickey

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 11/26/86 at San Diego, CA
SIGNED X

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