04-878014 [MS-0398.007.010.005] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A4674	NACO 52ND ANNUAL CONF				612.35
	NOT NEGOTIABLE				
				TOTAL	612.35

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3962

00882

1. WHITE—TRAVELER
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

TRAVEL REQUEST AND EXPENSE CLAIM

A 4674 CLAIM

AUDITORS NO. TR 050189

DEPT. CAO DIV'N. District IV DATE 03/29/ 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): Williams. Leon
2. TITLE: Supv. Dist. IV
3. ADDRESS OF TRAVELER: A-6
4. DESTINATION: Indianapolis, Indiana
5. DATE(S) OF MEETING: 07/11-14/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: NACO 52nd Annual Conference
7. ESTIMATE DATE OF: Departure 07/11/87; Return 07/14/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION

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			294.00
C. TRANSPORTATION	1 round trip			378.00
D. OTHER (SPECIFY) (1) registration				175.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 950.20

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 07/09	Date 07/10	Date 07/11	Date 07/12	Date 07/13	07/14	Total Claimed
MEALS								
BREAKFAST	$ 4.20	$	$ 5.00	$ 5.00	$ 5.00	$ 4.25	$ 5.00	24.25
LUNCH	7.20			7.00	3.95			10.95
DINNER	14.00	9.25	12.50		8.50	9.60		39.85
FULL DAY MEALS	25.80							
LODGING	50.00	93.00	93.00	93.00	93.00	93.00		465.00
ROOM TAX	ACTUAL COST	9.30	9.30	9.30	9.30	9.30		46.50
LOCATION CITY		Indianapolis, Indiana						
TAXI	ACTUAL COST	7.00	5.50				6.00	18.50
CAR RENTAL	" "							
AIR FARE	" "	(694.00)						(694.00)
TELEPHONE	" "	2.25					5.05	7.30
REGISTRATION FEE	" "	(175.00)						(175.00)
BAGGAGE	$1.00/day							
CAR STORAGE	$6.00/day							
OTHER (Specify)								
TOTALS		$ 120.80	$ 125.30	$ 114.30	$ 119.75	$ 116.15	$16.05	612.35

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:
Indianapolis is a high cost area and hotel is close to conference site.

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 612.35
—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 1:00PM Date 07/09
24. RETURN TO OFFICE OR RESIDENCE: Time 9:00PM Date 07/14

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 07/28/87 at San Diego, CA
SIGNED Leon Williams CLAIMANT

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

Invoice

NACO REGISTRATION CENTER -NACC-
NACO 52ND ANNUAL CONFERENCE
P. O. BOX 17413 DULLES INT"L"AIRPORT
WASHINGTON. DC. 20041

INVOICE No. 5211488

INVOICE DATE MAY 27. 1987

SOLD TO
LEON WILLIAMS
SAN DIEGO COUNTY
1600 PACIFIC HIGHWAY
A500
SAN DIEGO. CA 92101

SHIPPED TO

NACO 52ND ANNUAL CONFERENCE
LEON WILLIAMS IS REGISTERED AS:

EARLYBIRD 5-01	$ 0.00
EARLY MEMBER	175.00
NACO BOARD	

PAYMENTS RECEIVED: RMB819005 $175.00 THANK YOU!

FULL PAYMENT RECEIVED--THANK YOU!!

PLEASE CAREFULLY REVIEW THIS DOCUMENT. THEN RETAIN A COPY TO PRESENT AT YOUR ASSIGNED HOTEL: HYATT REGENCY
(ARRIVAL: 07/11/87 DEPARTURE: 07/14/87)

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

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 4674 CLAIM

AUDITORS NO. TR 0501

DEPT. CA DIV'N. District IV DATE 03/29/ 1987

TO 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: Indianapolis, Indiana
5. DATE(S) OF MEETING: 07/11-14/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: NACO 52nd Annual Conference
7. ESTIMATE DATE OF: Departure 07/11/87; Return 07/14/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION

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			294.00
C. TRANSPORTATION	1 round trip			378.00
D. OTHER (SPECIFY) (1) registration				175.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 950.20

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 7/9	Date 7/10	Date 7/11	Date 7/12	Date 7/13	~~Total Claimed~~ 7/14
MEALS							
BREAKFAST	$ 4.20	$	$ 6.75	$ 5.50	$ 5.50	$ 4.25	$ 5.75
LUNCH	7.20		—	7.75	2.95	—	—
DINNER	14.00	9.25	12.50	—	8.50	9.60	
FULL DAY MEALS	25.80						
LODGING	50.00						
ROOM TAX	ACTUAL COST						
LOCATION CITY							
TAXI	ACTUAL COST	7.00	5.50				6.00
CAR RENTAL	" "						
AIR FARE	" "	<694.00>					
TELEPHONE	" "						
REGISTRATION FEE	" "	<175.00>					
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$	$	$	$	$	$

Jo, Does Supervisor have any receipts/expenses for this trip? Thanks Melba A6

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:

20. Less Advance Amount $(
Warrant No.
21. Amount Claimed* $
—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 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.

SIGNED
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 at
SIGNED CLAIMANT

ADM CODE 490 TO 492.1 AND 145 TO 159

7-1 | 7-4 | WILLIAMS, LEON | 6 PM ☐ | GUARANTEED ☐ | ASSURED ☐

XI | 92 | NACO | CONV. CODE | 91 | A230826

ARR.	PED.	DEP.	RATE	LAST NAME	FIRST	INIT.	ROOM NO.	RT. CL.	ACCOMMODATIONS	SPECIAL INSTRUCTIONS

AX-5899212858002 EX-5/87

LEON WILLIAMS
1600 PACIFIC HIGHWAY
A500
SAN DIEGO, CA 92101

RESERVATION	RESV. DATE	REQS.
RS	6-3	LIST

METHOD OF PAYMENT

☐ CASH
☐ AMERICAN EXPRESS
☐ DINERS
☐ CARTE BLANCHE
☐ VISA
☐ MASTERCARD

X _____ GUEST SIGNATURE

HYATT REGENCY INDIANAPOLIS
AT STATE CAPITOL
ONE SOUTH CAPITOL AVENUE
INDIANAPOLIS, INDIANA 46204 USA
317 632 1234 TELEX 027357

	MEMO	CHARGES/PAYMENTS	BALANCE
		ROOM 93.00	
		RTAX 9.30	
		TG2849A07/09121 6BAL	102.30 2
		ORBAL	102.30 2
		ROOM 93.00	
		RTAX 9.30	
		PHON 3/ 2.25	
		6192626409	0
		6194797677	0
		6192626409	0
		TG2966A07/10121 6BAL	206.85 3
		ORBAL	206.85 3
		ROOM 93.00	
		RTAX 9.30	
		TG7044A07/111216 BAL	309.15 6
		ORBAL	309.15 6
		ROOM 93.00	
		RTAX 9.30	
		TG3652A07/12121 6BAL	411.45 7
		ORBAL	411.45 7
		ROOM 93.00	
		RTAX 9.30	
		LDIST 5.05	
		6192364444	0
		TG7962A07/131216 BAL	518.80 2
		ORBAL	518.80 2
		BAKAR	518.80-
		G8173A07/141216 BAL	.00 4

4024 0046 9609 1459 525, 078060

DO NOT CIRCLE EXPIRATION DATE — USE BOX BELOW

10/01/86 09/87•CV
LEON L WILLIAMS
CA 3/

HYATT 3130100779
6011016310304 40
0001079006 4069
0213101702 FD
INDPLS IN

EXPIRATION DATE CHECKED

DATE | SERVER | AUTHORIZATION | CASHIER | CHECK NO./FOLIO NO.

5843126

CHASER SIGN HERE

SALES SLIP
FORM TO BE USED WITH

amount of the Total shown hereon and agrees to the obligations set forth in the Cardholder's agreement with the issuer.

PURCHASES	
TAX	
SERVER	
OTHER	
TOTAL	518 80

CUSTOMER COPY

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS.

E

F

4024 0046 9609 1459

"Flamingos"
A Hot Bar/B 09/87•CV
LEON L WILLIAMS
CA 3

THE PARK

HYATT 3130100779
6011016310304 40
0001079006 4069
0213101702 FD
INDPLS IN

CONTINUED _____ HYATT REGENCY INDIANAPOLIS

FIRM _____

ATTN: _____

STREET _____

CITY/STATE _____ ZIP _____

GUEST SIGNATURE

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

RATE CODE	RATE AMOUNT	DIRECT BILLING AUTHORIZED BY:

ARR. / PED.	DEP. / RATE	LAST NAME	FIRST	INIT.	ROOM NO.	RT. CH.	ACCOMMODATIONS
7-11	7-14	WILLIAMS, LEON					
1	93	NACO					

6 PM ☐ GUARANTEED ☐ ASSURED ☐

CONV. CODE XX

A230826

SPECIAL INSTRUCTIONS

LEON WILLIAMS
1600 PACIFIC HIGHWAY
A500
SAN DIEGO, CA 92101

AX-38992128580002 EX-5/87

RESERV.	RESV. DATE	REGS.
KS	6-3	

LIST

PLEASE TAKE A MOMENT TO VERIFY THE ACCURACY OF THE ABOVE INFORMATION

Arrival date changed to ~~7/10/87~~ 7/9/87 - Confirmed 6/30/87

THE EAGLE'S NEST
REVOLVING ROOFTOP RESTAURANT AND LOUNGE

HARRISON'S

THE PARK
OUR UNIQUE LOBBY COCKTAIL LOUNGE

"Flamingos"
A Hot Bar

THE PORCH
EXCITING LOBBY LEVEL RESTAURANT

CHECK IN 3 PM | CHECK OUT NOON

CREDIT IDENTIFICATION MUST BE ESTABLISHED AT CHECK IN

PLEASE NOTE: IF THE TYPE OF ROOM OR RATE REQUESTED IS NOT AVAILABLE UPON CHECK-IN, A COMPARABLE ACCOMMODATION AT THE NEXT AVAILABLE RATE WILL BE PROVIDED. ALL ROOM RATES SUBJECT TO CURRENT OR 9% HOTEL TAX.

HYATT REGENCY INDIANAPOLIS

AT STATE CAPITOL

ONE SOUTH CAPITOL AVENUE
INDIANAPOLIS, INDIANA 46204 USA
317 632 1234 TELEX 027357

Congratulations on selecting the exciting Hyatt Regency Indianapolis for your forthcoming stay in our city. We are pleased to confirm your reservation. Please take a moment to read the following:

ASSURED RESERVATIONS: To make certain that a room will be held all night, you can assure your reservation by sending a deposit of one night's room rate plus tax. You may also call the Hyatt Regency Indianapolis, (317) 632-1234, or our toll free number 800-228-9000, and give your American Express, Carte Blanche, or Diners Club Card Number.

GUARANTEED RESERVATIONS: If you want your reservation held after 6:00 p.m. and you do not carry one of the above credit cards, and there is no time to send a deposit to the hotel, please call and inform our Reservation Department or Front Office of your arrival time so that we may hold your room.

CANCELLATIONS: "DON'T BE A NO SHOW! If you cannot stay with us, please cancel your reservation by calling the hotel or our toll free number, 800-228-9000. Remember that you will be billed for one night's lodging plus tax if you are a no show and do not cancel your reservation by 6:00 p.m. on your expected arrival date. Always obtain a cancellation number and record it for future reference.

We await the pleasure of serving you in the famous Hyatt tradition.

Sincerely,

The staff of
Hyatt Regency Indianapolis

* Indicated arrival would be after 9:00 P.M. so future 6/30/87

National Association of Counties

52nd Annual Conference

Indianapolis Convention Center
Marion County (Indianapolis), Indiana
July 11–14, 1987

J.D. Mecha 4/29/87

[American express
3732-130025-3100
4/88]

CONFERENCE REGISTRATION / Postmark Deadline is June 12, 1987

(PLEASE READ CAREFULLY BEFORE COMPLETING AND RETURNING FORM)

Conference registration fee MUST accompany this registration form. Send a check, voucher, or the equivalent made payable to the National Association of Counties. Return completed form with payment by June 12, 1987 to NACo Conference Center, P.O. Box 17413, Dulles International Airport, Washington, D.C. 20041.

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on the conference badge.

*Name: LEON (First Name) WILLIAMS (Last Name)
*Nickname: ——
*Title: COUNTY SUPERVISOR
*County: SAN DIEGO
Address: 1600 Pacific Highway, (A500)
San Diego, CA 92101
City _____ *State _____ Zip _____
Phone: (619) 236-4444

Registered Companion: First Name ——— Last Name ———
Registered Youth: First Name ——— Last Name ———

☐ YES, I would like travel assistance from the NACo Conference Travel Center

HOUSING REGISTRATION / Postmark Deadline is June 12, 1987

Delegates are eligible for specially priced hotel accommodations. Special conference room rates will be available to all delegates whose registration is postmarked by June 12, 1987. To accommodate special needs (e.g., wheelchair accessible rooms) please contact the NACo Conference Registration Center at (703) 471-6180.

NOTE: You must have completed and returned both a CONFERENCE REGISTRATION FORM and full payment of the conference registration fees or a county purchase order, voucher or claim BEFORE we can process your housing request. Thank you.

☒ Please make my hotel reservations as indicated below. ☐ I will make my own housing arrangements.

Room occupant: First Name _____ Last Name _____
Co-occupant: First Name _____ Last Name _____
Arrival date _____ Time _____
Departure date _____ Time _____
Special housing request _____
Housing disability needs _____

(Please CIRCLE your desired room rate)

Indicate your FIRST choice hotel with number 1. Then number other hotels from 2 to 21 in the order of preference. If your FIRST choice is unavailable . . . reservation will be made at the next available hotel . . . according to your ranking:

HOTEL:	HOTEL LOCATION CODE:		
☐ Hyatt Regency	D	$93	$105
☐ Embassy Suites	D	$88	$ 88
☐ Canterbury	D	$99	$ 99
XX Hilton at the Circle	D	$76	$ 76
☐ Holiday Inn—Union Station	D	$78	$ 78
☐ Atkinson	D	$56	$ 56
☐ Howard Johnson's Convention Center	D	$64	$ 64
☐ Columbia Club	D	$68	$ 68
☐ Indianapolis Athletic Club	D	$60	$ 60
☐ Lincoln Hotel	M	$74	$ 89
☐ Sheraton Meridian	M	$80	$ 80
☐ North Meridian Inn	M	$50	$ 60
☐ Adam's Mark	A	$74	$ 74
☐ Hilton Inn Airport	A	$72	$ 72
☐ Holiday Inn Airport	A	$69	$ 69
☐ Best Western Airport	A	$49	$ 49
☐ Ramada Inn Airport	A	$58	$ 64
☐ La Quinta Motor Inn	A	$38	$ 38
☐ Rodeway Inn Airport	A	$45	$ 50
☐ Holiday Inn North	N	$72	$ 72
☐ Signature Inn North	N	$39	$ 45

(Suite information available from NACo Conference Registration Center.)

DO NOT SEND HOUSING DEPOSITS WITH CONFERENCE REGISTRATION PAYMENTS! Follow the "Housing Deposits" instructions below.

HOTEL LOCATION CODE:
D: Downtown, within walking distance of the convention center
A: Near Airport, approximately 10 minutes by shuttle bus from the convention center
M: Mid-town, approximately 10 minutes by shuttle bus from the convention center
N: North side, approximately 15 minutes by shuttle bus from the convention center

AFFILIATE INFORMATION: *(Please check the affiliated groups to which you belong)*

☐ NACRC ☐ NACTPO ☐ NACTEP ☐ NACAP ☐ NACPRO
☐ NACCA ☐ NACE ☐ NACCAE ☐ NACDPA
☐ NCECE ☐ CIC ☐ NACA ☐ NACCDD
☐ NACHFA ☐ NACHO ☐ NACHSA ☐ NACIO
☐ NACPD ☐ WON ☐ NABCO ☐ ICMA

POLITICAL AFFILIATION:
☐ Republican
☐ Democrat
☐ Independent

CREDIT CARD AUTHORIZATION

Credit card company: American Express
Card number: 3899-212858-0002 Expiration date: 5/87

The NACo Housing Center and/or the NACo Conference Travel Center is authorized to use the above card to guarantee my hotel reservations and/or to issue airline tickets reserved by me to attend this conference. I understand that one night's room charge will be billed through this card if I fail to arrive for my assigned housing at the confirmed date unless I have cancelled my reservation with the hotel at least 48 hours in advance. I also understand that I must return any unused tickets for travel purchased by this card for full refund as a credit of the cancellation unless the fare terms published by the airline carry a cancellation penalty.

Cardholder's signature: Leon Williams Date: 4/29/87

For further registration or housing information, call the NACo Conference Registration Center, (703) 471-6180. No registrations or reservations can be accepted by telephone.

HOUSING DEPOSITS

(Please read carefully the following new information on hotel room guarantees.)

A mandatory room deposit is required in an amount equal to one night's room charge. It is hotel policy that each room reservation be guaranteed by either of the two following methods:

1. Complete the Credit Card Authorization section of this registration/housing form. The NACo Conference Registration Center can guarantee your room with the hotel by your credit card. This is the easiest way to guarantee your room reservation.
2. Forward a check, money order, claim, purchase order, or voucher directly to the hotel indicated on the Conference Registration/Housing Acknowledgement you will be receiving from the NACo Conference Registration Center.

Remember, the easiest way to guarantee your reservation is to use method #1. If you use method #2 be sure you mail your guarantee deposit to the appropriate hotel *within five working days* after you receive your official NACo Conference Registration/Housing Acknowledgement from the NACo Conference Registration Center. The hotel may, at its own discretion, refuse to accept or cancel any reservation that does not have a one night's guarantee deposit.

Remember, this room guarantee charge will not be applied to your credit card unless you do not show up to claim your room at the assigned hotel on the day you indicated on your registration form or unless you cancel your room reservation within the "room cancellation penalty period" for your particular hotel. This room cancellation penalty period may vary with the particular hotel.

The NACo Conference Registration Center *cannot accept any housing guarantee deposits* in the form of checks, money orders, claims, purchase orders or vouchers.

REGISTRATION FEES

Check the box that corresponds with your registration category.

	EARLYBIRD REGISTRATION (POSTMARKED BY May 1, 1987	ADVANCE REGISTRATION (POSTMARKED May 1–June 12, 1987) & ON-SITE REGISTRATION
Member county attendee	XX $175	☐ $225
Nonmember county attendee	☐ $225	☐ $275
Other government attendee	☐ $225	☐ $275
Other attendee (private sector)	☐ $250	☐ $300
Companion	☐ $ 50	☐ $ 50
Youth	☐ $ 30	☐ $ 30

NOTE: ALL REGISTRATIONS POSTMARKED AFTER JUNE 12 WILL BE PROCESSED AT THE ON-SITE DESK DURING THE CONFERENCE.

CONFERENCE REGISTRATION CANCELLATION POLICY

(Postmark deadline: June 26, 1987)

Refund of conference registration fees LESS an administrative fee of $30.00 will be made if written notice of conference registration cancellation is postmarked no later than June 26, 1987.

DO NOT SEND any housing deposits along with CONFERENCE REGISTRATION FEE PAYMENTS to the NACo Conference Lockbox! CONFERENCE REGISTRATION FEE PAYMENTS ONLY . . . PLEASE.

Supv. Williams

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 23, 1987

TO: Supervisor Brian P. Bilbray, Chairman
Supervisor George F. Bailey, Vice Chairman
Supervisor Susan Golding
Supervisor Leon L. Williams
Supervisor John MacDonald

FROM: Intergovernmental and Public Affairs

SUBJECT: **NATIONAL ASSOCIATION OF COUNTIES ANNUAL CONFERENCE**

Attached is registration information for the NACo 52nd Annual Conference scheduled for July 11-14, 1987, in Indianapolis, Indiana.

Please note there is a $50 savings for registration postmarked by Friday, May 1, 1987.

If you desire additional information, please contact this office.

Marilyn H. Bach
for JOHN R. SWEETEN
Director

JRS:vmp

Attachment

cc: CAO
ACAO

TRAVEL AGENTS INTERNATIONAL T.M.

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

ACCT NO	DATE	PAGE	INVOICE
1074	6 JUL 87	1	03856

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
09JUL THU	LV SAN DIEGO, CA AR ST LOUIS/LAMB	150P 722P	TRANS WORLD	240B		LUNCH
09JUL THU	LV ST LOUIS/LAMB AR INDIANAPOLIS	815P 916P	TRANS WORLD	100B		
14JUL TUE	LV INDIANAPOLIS AR ST LOUIS/LAMB	500P 558P	TRANS WORLD	249Y		
14JUL TUE	LV ST LOUIS/LAMB AR SAN DIEGO, CA	640P 825P	TRANS WORLD	755Y		DINNER

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

WILLIAMS/LEON JDGE TKT # 0157949962611 $ 694.00
A4674
DINERS CLUB #38509103710006 EXP 03/89 $ 694.00-

TOTAL $ 0.00

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

01 F4GMDX 80.00

AUD. 117 (REV. 10-76)

Claim must be filed with the County Auditor and Controller, Room 166, San Diego County Administration Center, 1600 Pacific Highway, San Diego, California 92101 (Gov't. Code 915)

REQUEST FOR ADVANCE OF TRAVEL EXPENSE

CLAIM NO. AT 007832 Pg. ..... of Pg. .....

10. CLAIMANT WILL NOT WRITE IN SPACES BELOW THIS LINE

ORGANIZATION UNIT: 0202
ACCOUNT: 2356
TASK: ..... OPTION: .....
ACTIVITY/WORK AUTH.: .....
CURRENT FISCAL YEAR ☐ PRIOR FISCAL YEAR ☐
ENC. RED. DOC. NO. .....
AUTHORITY: ADM CODE SEC. 481.1

1. Name of Payee: National Association of Counties, Assignee of: Leon Williams & John MacDonald
(LAST) (FIRST) (INITIAL) (Tax or Soc. Sec. No.)

2. TITLE A-6 Please call Melba At 3396 for pick up DATE .....

TO COUNTY OF SAN DIEGO CAO/OIPA
DEPARTMENT *

3. PURPOSE OF TRIP NACO 52nd Annual Conference DESTINATION Indianapolis, Indiana

4. AUTHORITY FOR TRIP .....

5. TRAVEL STATUS TO BEGIN AT: ..... (Time) 07/11/87 (Date) END AT: ..... (Time) 07/14/87 (Date)

6. ESTIMATED EXPENSE: $ 1,900.40 AMOUNT OF ADVANCE REQUESTED $ 350.00 registration

7. WITHIN 10 DAYS AFTER MY RETURN I SHALL FILE WITH THE AUDITOR AN ITEMIZED ACCOUNT *(FORM 115 TR)* TOGETHER WITH REQUIRED RECEIPTS FOR EXPENSES FOR WHICH THE ADVANCE WAS MADE AND DEPOSIT IN THE COUNTY TREASURY ANY UNEXPENDED BALANCE PER SAN DIEGO COUNTY ADMINISTRATIVE CODE SECTION 481.1.

SIGNATURE [signature] DATE ..... 19..
Person requesting advance

8. I HEREBY CERTIFY UPON MY OWN PERSONAL KNOWLEDGE THAT THIS REQUEST FOR ALLOWANCE OF TRAVELING EXPENSES IN ADVANCE IS NECESSARY AND IS FOR THE PURPOSE AND DEPARTMENT INDICATED ABOVE AND APPROVE THE ADVANCE.

SIGNATURE ..... DATE ..... 19..
Department Head or appointing authority

9. APPROVED BY CHIEF ADMINISTRATIVE OFFICER

SIGNATURE [signature] DATE ..... 19..
CAO

11. WARRANT NO. .....

DATED ..... AMOUNT: .....

RECEIVED BY: .....
Signature

E81-7678

Pd warr-Fio
04-81900
04/30/87

12. REFUND INFORMATION: DEPOSIT PERMIT NO. ..... DATED: ..... AMOUNT: .....

13. ADDITIONAL CLAIM PAID: WARRANT NO. ..... DATED: ..... AMOUNT: .....

ADMIN CODE SECTIONS 481.1

DIST: Submit in Triplicate - 1 copy will be returned to Department