04-942299 [ms-0398.007.010.002] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
B-1	BAPAC				88.60
B-2	CALIF BLK SUPVRS RETREAT				34.28
	NOT NEGOTIABLE				
				TOTAL	122.88

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

00560

COUNTY OF SAN DIEGO, CALIFORNIA

CLAIM FOR TRAVEL EXPENSES – BOARD OF SUPERVISORS

CLAIM NO. BS 001092

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: BAPAC
2. Destination: SACRAMENTO
3. Travel Program Trip No. or other Authority: B-1
4. Departure from Office or Residence — TIME 1:00pm DATE 10/17/87
5. Return to Office or Residence — TIME 6:00pm DATE 10/18/87
6. Method of Travel: [X] Air [ ] Bus [ ] Private Au [ ] Rail [ ] Co. Auto [ ] Rented Ca [ ] Other (Explain)

7. MEALS	NORMAL MAXIMUMS	Date 10/17/87	Date 10/18/87	Date	Date	Date	TOTAL CLAIMED
Breakfast	$4.20	B $	B $ 4.95	B $	B $	B $	$ 4.95
Lunch	7.20	L	L 5.75	L	L	L	5.75
Dinner	14.00	D	D	D	D	D	
Full Day Meals	25.80						
LODGING	50.00	64.00					64.00
Room Tax	Actual Cost	6.40					6.40
Location City		SACRAMENTO	SACRAMENTO				
Car Rental	Actual Cost						
Air Fare	" "	586.00					586.00
Telephone	" "	.50					.50
Registration Fee	" "	110.00					110.00
Taxi	" "	7.00					7.00
Private Mileage Outside County	$ .26/mile						
Baggage	1.00/day						
Car Storage	6.00/day						
OTHER (Specify)							
8. TOTAL		$ 773.90	$ 10.70	$	$	$	TOTAL $ 784.60

9. JUSTIFICATION STATEMENT – UNUSUAL COSTS:

Less Amount Assigned $ (586.00

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,	7667 Fay Ave.,	La Jolla,	CA	92037	$ 586.00
Lodging						
Car Rental						
Other						
					Total Assigned	$ 586.00

LESS ADVANCE W. No. 875709 $ (110.00
Balance Claimed or Refund Due County $ 88.60
$ (

11. REMARKS

12. FUND/ORG. UNIT: 0040
13. ACCT. NO.: 2357
14. TASK: 111 OPT.:
15. ACT/W.A.: 504.1
RT.CD. TAX CD.
COR.CD. P/C
VNDR. NO.

16. AUDITOR'S USE

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 incurred 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: 10/26/87 at San Diego, Californ

SIGNED: Signature of Claimant

AUD. 115 TBS (Rev. 5-84)

Clarion Hotel Sacramento

700 Sixteenth Street Sacramento, California 95814 916-444-8000

ACCOUNT #
177401

ROOM #	217	MR. LEON WILLIAMS
RATE	64.00	1600 PACIFIC HGWY
ARRIVAL	Oct 17/87	RM #335
DEPARTURE	Oct 18/87	SAN DIEGO, CA
# OF GUESTS	1	92101

DATE	REFERENCE	DESCRIPTION		AMOUNT
Oct 17/87	R 217	ROOM CHARGE	WILLIAMS, LEON	64.00
Oct 17/87	R 217	ROOM TAX		6.40
Oct 18/87	13 MIN	LOCAL PHONE	928-7695	.50
Oct 18/87	650624	AMERICAN EXPRESS	WILLIAMS, LEON	70.90-
		BALANCE DUE.....		.00

Cardmember Acct. No. 3732 130025 31000

Expiration Date Checked

Cardmember 04/86 THRU 04/88 86 AX

Approval Code 3DL

LEON L WILLIAMS

Check or Bill No. 217

Service Establishment 5417322434077511 4340061779

Date of Charge 10 17 87

Any delayed charges are listed below

CLARION HOTEL SACRAMENTO CA

Merchandise/Services

Type of Delayed Chg.

Taxes

Amt. of Delayed Chg.

Establishment agrees to transmit to American Express Travel Related Services Co., Inc. or Authorized Representative for payment. Merchandise and/or service purchased on this card shall not be resold or returned for cash refund.

Tips/Misc.

Revised Total

Cardmember Signature

Total 70 90

Amexco Use Only

Equivalent Amount

Invoice Number

Please Print Firmly

Record of Charge

Cardmember Copy

AMERICAN EXPRESS Cards 786180

CD 20249 Rev. (5/86) Printed in USA 4/87

CHARGE TO: _____

ATTENTION: _____

STREET: _____

CITY, STATE: _____

REGARDLESS OF CHARGE INSTRUCTIONS, I ACKNOWLEDGE THE ABOVE AS PERSONAL INDEBTEDNESS.

AUTHORIZED BY:

CHECK-OUT BY:

NOTICE TO GUESTS: WE WILL NOT BE RESPONSIBLE FOR LOSS OF ANY VALUABLES.

_____ SIGNATURE

FOLIO 0001 (8/87)

TRAVEL AGENTS INTERNATIONAL T.M.

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

INVOICE NO	DATE	FARE	INVOICE
1074	13 OCT 87	1	07370

Seattle partway trip

-356.00

230.00

PLEASE RECONFIRM RETURNING AND CONTINUING RESERVATIONS 72 HOURS IN ADVANCE FOR INTERNATIONAL FLIGHTS
WE SUGGEST YOU RECONFIRM 48 HOURS IN ADVANCE FOR DOMESTIC FLIGHTS