04- 737016 [ms-0398.007.010.014] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A1402					167.71
	NOT NEGOTIABLE				
	[A-500]				
				TOTAL	167.71

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

02360

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

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 1402 CLAIM

AUDITORS NO. TR 030910

DEPT. BOARD OF SUPERVISORS DIV'N. FOURTH DISTRICT DATE OCTOBER 6 1986

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): PRATT, H. WESLEY
2. TITLE: EXECUTIVE ASST.
3. ADDRESS OF TRAVELER: A-500
4. DESTINATION: LOS ANGELES, CA
5. DATE(S) OF MEETING: 11/18-21/86
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC 92nd Annual Meeting
7. ESTIMATE DATE OF: Departure 7:30A.M 11/18/86; Return 9:00P.M.11/21/86
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0040
28. ACCOUNT: 2356
26. TASK: 111
29. OPTION:
27. ACT./WK. AUTH: 504.1
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)

11. DEPT. HEAD APPROVAL

12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

13. BUDGET DETAILS

	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	3	25.80	$ 77.40	$ 77.40
B. LODGING	3	85.00	255.00	255.00
C. TRANSPORTATION				
D. OTHER (SPECIFY)				
(1) REgistration Fee			215.00	215.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$ 547.40	$ 547.40

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. MEALS	Normal Maximum	Date	Date	Date	Date	Date	Total Claimed
BREAKFAST	$3.50	$	$	$	$	$	$
LUNCH	6.00						
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: CONFERENCE IN HIGH RATE AREA

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:

20. Less Advance Amount $ ( )
21. Warrant No. $
22. Amount Claimed or Refund Due County ★ $ ( )
★Claim for $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.

Jean Williams

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 10/8/86 at San Diego, California

SIGNED H. Wesley Pratt CLAIMANT

115TR (REV. 5-80)

ADM CODE 480 TO 482.1 AND 145 TO 159

Sheraton-Universal Hotel

SHERATON HOTELS, RESORTS & INNS WORLDWIDE
333 UNIVERSAL TERRACE PARKWAY
UNIVERSAL CITY, CALIFORNIA 91608
213-980-1212

73928

CH ACCOUNT 159062
PRATT, MR WESLEY
1600 PACIFIC HWY
SAN DIEGO, CA 92101

PAGE 01

ROOM 365

Room Shared

DATE	CODE NO.	TICKET NO.	EXPLANATION	CHARGES/CREDITS		
1986						
NOV19	511	01956	TELEPHONE	.66	99	
NOV19	011	00365	ROOM CHG	42.50	00	
NOV19	011	00365	ROOM TAX	4.68	00	
NOV19	011	00365	PARKING	5.00	00	
~~NOV20~~	~~141~~	~~03794~~	~~PORTUGUES~~ Delete	~~5.50~~	~~00~~	1
~~NOV20~~	~~141~~	~~05522~~	~~PORTUGUES~~ Delete	~~6.75~~	~~00~~	1
NOV20	011	00365	ROOM CHG	42.50	00	
NOV20	011	00365	ROOM TAX	4.68	00	
NOV20	011	00365	PARKING	5.00	00	
NOV21	511	00717	TELEPHONE	2.26	99	
NOV21	511	00729	TELEPHONE	2.82	99	
NOV21	511	00734	TELEPHONE	4.61	99	
NOV21	001	00002	AMEX	126.96CR	42	
			TOTAL-DUE	.00		

The ARNOLD Corporation TUSTIN 832-5735

Card Number 3739 730357 11008
Expiration Date Checked
Card Member 07/85 THRU 07/87 85 AI
Approval Code
H WESLEY PRATT
11/19 #130-35-5K
Check or Bill No.
Service Establishment SHERATON UNVRS
Date of Charge
3204101723
5277013700104
5040104689 CA
11 :0 86
Merchandise / Services
Taxes
Tips/Misc.
Total 126 96
Any delayed charges are listed below
Type of Delayed Chg.
Amt. of Delayed Chg.
Revised Total
Amexco Use Only
Equivalent Amount
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 received for cash refund.
Cardmember Signature X H. Wesley Pratt
Invoice Number 696325
AMERICAN EXPRESS Cards
Please Print Firmly
Cardmember Copy
Record of Charge
Form 20249 Rev. (12/85) Printed in USA 3/86

CHARGED TO

STREET

CITY STATE

7604 (ROOM) WILLIAMS, MR. LE (LAST) (NAME) (FIRST) NAC 1/11/8 (RATE-OUT DATE)

[redacted]

1600 PACIFIC HWY RM.335 (A500)
SAN DIEGO,CA 92101
MIAFHH#PAOCT23MIAFHHH

6RM RR .05
TAX
R CR NR

ROOM CLERK

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE	PREVIOUS BALANCE PICK-UP
	NOV-5	AD.PAY AID 764		A* 79.00	* 79.00	F* 79.00
	NOV-5	RM'TAX 764	F* 86.90		* 7.90 *	F* 7.90
	NOV-6	RM'TAX 764	F* 86.90		* 94.80 *	F* 94.80
	NOV-7	RM'TAX 764	F* 86.90		* 181.70 *	

ACCT.NO. 622 114

NUMBER R764

CARDHOLDER LEON L WILLIAMS
3024 E ST
SAN DIEGO CA 92102
5 88

SEND PAYMENT TO:
FONTAINEBLEAU HILTON
4441 Collins Avenue
Miami Beach, FL 33140

PROPERTY FONTAINEBLEAU
150-217012 HLT
11 8 86
4090112293

CARDHOLDER COPY

I have examined this charge, find it to be correct, and promise to pay this amount to this HILTON within 30 days of today's date.

CARDHOLDER'S SIGNATURE
X

TOTAL CHARGES $ 188 70

HILTON CREDIT CARD

GUEST SIGNATURE

FIRM ADDRESS

CITY STATE ZIP

RATES DO NOT INCLUDE APPLICABLE SALES, OCCUPANCY, OR OTHER TAXES

FONTAINEBLEAU HILTON
Miami Beach, Florida 33140

1272157

NAC Board of Directors
Miami, Fla.

11/5/86	Bus	9.00
	Dinner	17.50
11/6/86		—
11/7/86	Breakfast	4.00
	Dinner	12.80
11/8/86	Breakfast	4.25
	Bus	9.00

Thank you Nelda

Jo
x4444

Sheraton-Universal Hotel

SHERATON HOTELS, RESORTS & INNS WORLDWIDE
333 UNIVERSAL TERRACE PARKWAY
UNIVERSAL CITY, CALIFORNIA 91608
213-980-1212

73928

CH ACCOUNT 158928 (A)

PAGE 01

WILLIAMS, MR LEON
SAN DIEGO
1600 PACIFIC HWY
SANDIEGO, CA 92101

ROOM 365

Room Shared

DATE	CODE NO.	TICKET NO.	EXPLANATION	CHARGES/CREDITS	
1986					
NOV18	011	00365	ROOM CHG	85.00	00
NOV18	011	00365	ROOM TAX	9.35	00
NOV18	011	00365	PARKING	5.00	00
NOV19	511	00705	TELEPHONE	2.61	99
NOV19	011	00365	ROOM CHG	42.50	00
NOV19	011	00365	ROOM TAX	4.68	00
NOV19	011	00365	PARKING	5.00	00
NOV20	011	00365	ROOM CHG	42.50	00
NOV20	011	00365	ROOM TAX	4.68	00
NOV20	011	00365	PARKING	5.00	00
NOV21	001	00002	AMEX	206.32CR	42
			TOTAL-DUE	.00	

The ARNOLD Corporation TUSTIN 832-5735

Hilton
4897171880
Sue Kerr

Cardmember Acct. No. 3732 130025 31000

Expiration Date Checked

Cardmember 04/86 THRU 04/88 86 AX

Approval Code $2/60 CR 11/16

Check or Bill No.

LEON L WILLIAMS

Service Establishment SHERATON UNVRSL

Date of Charge 11 18 86

3204101723
527701370010462
5040104689 CA

Merchandise/Services

Taxes

Tips/Misc.

Total 206 32

Any delayed charges are listed below

Type of Delayed Chg.

Amt. of Delayed Chg.

Revised Total

Amexco Use Only

Equivalent Amount

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

Cardmember Signature X Signature on file

Invoice Number 296025

Please Print Firmly

Record of Charge

Cardmember Copy

AMERICAN EXPRESS Cards

Form 20240 Rev. 12/85 Printed in USA 3/86

CSAC Conference
Los Angeles
11/18-21/86

Metha, there were no other charges except mileage allowance for both Supervisor Williams and Wes Pratt.

Thank you!

Jo

AUD. 117 (Rev. 4/81)

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)

CLAIM NO. AT 011272 Pg. ..... of Pg. .....

REQUEST FOR ADVANCE OF TRAVEL EXPENSE

1. NAME OF PAYEE: COUNTY SUPERVISORS ASSN. OF CALIFORNIA PRATT, H. WESLEY (Assignee)
   (Last) (First) (Initial) (Tax or Soc. Sec. No.)
2. MAIL STATION OR ADDRESS: A500
   (Street)
   (City) (State) (Zip Code)

TO COUNTY OF SAN DIEGO FOR BOARD OF SUPERVISORS
DEPARTMENT*

10. CLAIMANT WILL NOT WRITE IN SPACES BELOW THIS LINE

ORGANIZATION UNIT: 0040
ACCOUNT: 2356
TASK: 111 OPTION:
ACTIVITY/WORK AUTH.: 504.1
CURRENT FISCAL YEAR ☐ PRIOR FISCAL YEAR ☐
ENC. RED. DOC. NO.
AUTHORITY: ADM CODE SEC 481.1
ROUTE: TXCD P/C
VENDOR NO.

3. PURPOSE OF TRIP: CSAC 92ND ANNUAL MEETING DESTINATION: LOS ANGELES, CA

4. AUTHORITY FOR TRIP: A1402

5. TRAVEL STATUS TO BEGIN AT: 7:30 AM (Time) 11/18/86 (Date) END AT: 9:00 PM (Time) 11/21/86 (Date)

6. ESTIMATED EXPENSE: $ 560.00 AMOUNT OF ADVANCE REQUESTED $ 215.00 (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 H. Wesley Pratt DATE 10/9 19 86
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 DATE 19
CAO

To be transferred to CAO's Travel Designee 0202

11. WARRANT NO.
DATED AMOUNT:
RECEIVED BY:
Signature

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

92nd Annual Meeting

County Supervisors Association of California

Sheraton at Universal City, Los Angeles County
November 18-21, 1986

HOTEL RESERVATIONS

Please note: Deadline for hotel reservations is October 17, 1986. After that date reservations will be accepted on an availability basis only. Rates do not include 10% Los Angeles City Room tax.

PRATT	H.	WESLEY
Last Name	First	M.I.
EXECUTIVE ASSISTANT	SAN DIEGO	(619) 236-4444
Title	County	Phone
1600 Pacific Highway,Rm.335,San Diego, CA		92101
Street Address	City	Zip

Sharing with (if applicable)		

Please indicate: First Choice Sheraton Universal Second Choice Sheraton Premiere

Please indicate type of room requested.

Conference Hdqtrs.

Sheraton Universal	____	Single	$85
	xxx	Double	$85
Sheraton Premiere	____	Single:	$99
	____	Double:	$99

I will be arriving:
November 18, 1986
Time: 2:00 PM
(check in time is after 2:00 p.m.)

I will be departing:
November 21, 1986
(check out time is Noon)

This reservation will be held only until 3:00 p.m. on day of arrival unless guaranteed by:
(Please circle appropriate guarantee)

AX DC CB VISA MC

NOTE: Sheraton Universal/Premiere Hotel guests parking for 24 hours with in/out privileges is $5.00 per day. All others not registered at the above hotels may park during the day for $3.50 per day. The daily rate without the special CSAC rate is $7.75. Tickets may be purchased at CSAC *Information Desk.*

Expiration Date: _____ Credit Card No. _____

A confirmation will be mailed to your address as given above.
PHONE RESERVATIONS WILL NOT BE ACCEPTED. Mail this form to:

SHERATON AT UNIVERSAL CITY
(CSAC headquarter hotel)
555 Universal Terrace Parkway
Universal City, CA 91608
(818) 980-1212

SHERATON PREMIERE HOTEL
555 Universal Terrace Parkway
Universal City, CA 91608
(818) 506-2500

Affiliation:

CSAC _____ CEAC _____ Exhibitor _____ Other _____ (Please specify)

RETURN ALL COPIES

Pert 10/7/86

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

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 1402 CLAIM

AUDITORS NO. TR 030910

DEPT. BOARD OF SUPERVISORS DIV'N. FOURTH DISTRICT DATE OCTOBER 6 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): PRATT, H. WESLEY
2. TITLE: EXECUTIVE ASST.
3. ADDRESS OF TRAVELER: A-500
4. DESTINATION: LOS ANGELES, CA
5. DATE(S) OF MEETING: 11/18-21/86
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC 92nd Annual Meeting
7. ESTIMATE DATE OF: Departure 7:30A.M 11/18/86 Return 9:00P.M.11/21/86
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0040 28. ACCOUNT: 2356
26. TASK: 111 29. OPTION:
27. ACT./WK. AUTH: 504.1 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)
11. DEPT. HEAD APPROVAL
12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

13. BUDGET DETAILS

	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	3	25.80	$ 77.40	$ 77.40
B. LODGING	3	85.00	255.00	255.00
C. TRANSPORTATION				
D. OTHER (SPECIFY)				
(1) REgistration Fee			215.00	215.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$ 547.40	$ 547.40

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	Date	Date	Date	Date	Total Claimed
MEALS							
BREAKFAST	$3.50	$	$	$	$	$	$
LUNCH	6.00						
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: CONFERENCE IN HIGH RATE AREA

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:

20. Less Advance Amount $ ( )
21. Warrant No.
22. Amount Claimed or Refund Due County ★ $ ( )
★ Claim for $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 10/8/86 at San Diego, California

SIGNED CLAIMANT

115TR (REV. 5-80)

ADM CODE 480 TO 482.1 AND 145 TO 159

AUD. 117 (Rev. 4/81)

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)

CLAIM NO. Pg. ..... of

AT 011273 Pg. .....

10. **CLAIMANT WILL NOT WRITE IN SPACES BELOW THIS LINE**

ORGANIZATION UNIT: 0040
ACCOUNT: 2356
TASK: 111 OPTION:
ACTIVITY/WORK AUTH.: 504.1
CURRENT FISCAL YEAR ☐ PRIOR FISCAL YEAR ☐
ENC. RED. DOC. NO.
AUTHORITY: ADM CODE SEC 481.1
ROUTE: TXCD P/C
VENDOR NO.

REQUEST FOR ADVANCE OF TRAVEL EXPENSE

1. NAME OF PAYEE COUNTY SUPERVISORS ASSN. OF CALIFORNIA
WILLIAMS, LEON L. (ASSIGNEE)
(Last) (First) (Initial) (Tax or Soc. Sec. No.)

2. MAIL STATION OR ADDRESS A-500
(Street)

(City) (State) (Zip Code)

TO COUNTY OF SAN DIEGO FOR BOARD OF SUPERVISORS
DEPARTMENT*

3. PURPOSE OF TRIP CSAC 92nd ANNUAL MEETING DESTINATION LOS ANGELES, CA

4. AUTHORITY FOR TRIP B-8

5. TRAVEL STATUS TO BEGIN AT: 7:30 AM (Time) 11/18/86 (Date) END AT: 9:00 PM (Time) 11/21/86 (Date)

6. ESTIMATED EXPENSE: $ 560.00 AMOUNT OF ADVANCE REQUESTED $ 215.00(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 ..... 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 ..... DATE ..... 19....
CAO

11. WARRANT NO. .....

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

RECEIVED BY: .....
Signature

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

92nd Annual Meeting

County Supervisors Association of California

Sheraton at Universal City, Los Angeles County
November 18-21, 1986

HOTEL RESERVATIONS

Please note: Deadline for hotel reservations is October 17, 1986. After that date reservations will be accepted on an availability basis only. Rates do not include 10% Los Angeles City Room tax.

Last Name	First	M.I.
WILLIAMS	LEON	L.

Title	County	Phone
SUPERVISOR	SAN DIEGO	(619) 236-4444

Street Address	City	Zip
1600 Pacific Highway, Rm. 335,	San Diego, CA	92101

Sharing with (if applicable) ----------

Please indicate: First Choice Sheraton Universal Second Choice Sheraton Premiere

Please indicate type of room requested.

Conference Hdqtrs.

Sheraton Universal	_____	Single	$85
	xx	Double	$85
Sheraton Premiere	_____	Single:	$99
	_____	Double:	$99

I will be arriving:
November 18, 1986
Time: 2:00 PM
(check in time is after 2:00 p.m.)

I will be departing:
November 21, 1986
(check out time is Noon)

This reservation will be held only until 3:00 p.m. on day of arrival unless guaranteed by:
(Please circle appropriate guarantee)

AX DC CB VISA MC

NOTE: Sheraton Universal/Premiere Hotel guests parking for 24 hours with in/out privileges is $5.00 per day. All others not registered at the above hotels may park during the day for $3.50 per day. The daily rate without the special CSAC rate is $7.75. Tickets may be purchased at CSAC *Information Desk.*

Expiration Date: _____ Credit Card No. _____

A confirmation will be mailed to your address as given above.
PHONE RESERVATIONS WILL NOT BE ACCEPTED. Mail this form to:

SHERATON AT UNIVERSAL CITY
(CSAC headquarter hotel)
555 Universal Terrace Parkway
Universal City, CA 91608
(818) 980-1212

SHERATON PREMIERE HOTEL
555 Universal Terrace Parkway
Universal City, CA 91608
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