

SSB 059807

2

County of Humboldt, State of California

Travel Expense Voucher



Claimants Name: Nathan Ask
 Claimants PEID: _____
 Claimants Address: _____

Invoice # TE 42419-42419 NA 59807
 Dept D4HS-SSB - CWS
 Purpose CWS Training
 GSA Reimbursement Rates (Links to internet)

Budget Item(s)

1160 508 2614

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)			Meals/Per Diem				Lodging	Other Expenses		Total Daily Expenses	
		County Car/Other	Private Car	Amount	Miles	Breakfast	Lunch	Dinner		Incidentals	Description		Amount
4/24/19	800AM Long Beach	private (7mm/156)	21	\$ 12.18	0.58				\$ 5.00			\$ 269.18	
4/25/19	Long Beach					16.00		28.00	5.00			256.00	
4/26/19	730pm Long Beach	private (7mm/156)	21	12.18		16.00		23.00	5.00	Airport Parking	72.00	128.18	
		Car Rental		137.14						fuel	11.00	148.14	
Sub Total				\$ 137.14	42	\$ 24.36	\$ 32.00	\$ 17.00	\$ 79.00	\$ 15.00	\$ 414.00	83.00	801.50

Receipts not required for per diem
 This claim includes transportation for:
 Other notes/explanations:

I picked SWS Jed Merford up at the John Wayne Airport. Car was also used to travel from hotel to/from conference
 The conference hotel was sold out.

Total \$ 801.50

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

Prepared By: Nathan Ask
 Phone #: 407-7944

Claimant (print): Nathan Ask

Department Head (Print): S. Lyons

Fiscal Approval: SOIHS
 Date: 5-13-2019

Claimant (Sign): [Signature]

Department Head (Sign): [Signature]
 Date: 5-13-2019

NRB100703

0612-061419 RECEIVED

7/20/19 JMS

County of Humboldt, State of California

Travel Expense Voucher

JUL 26 2019



Claimant's Name: _____
Claimant's PEID: _____
Claimant's Address: _____

By: Breen

Invoice # _____
Dept: DHS-SSB-CWS
Purpose: June 2019 CWDA

Financial Services

Budget: _____
Budget: 1160 508 2225
Budget: \$ 183.00

GSA Reimbursement Rates (Links to internet)

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)		Meals/Per Diem †				Lodging	Other Expenses		Total Daily Expenses
		County Car/Other	Private Car	Select your rate from the box ->	Breakfast	Lunch	Dinner		Incentivials	Description	
6/12/19	6:30 AM Sacramento, CA	County Car/Other 05-050		\$ 0.58	\$ 16.00	\$ 17.00	\$ 28.00				\$ 61.00
6/13/19	Sacramento, CA	County Car/Other 05-050			16.00	17.00	28.00				61.00
6/14/19	7:00 PM Eureka, CA	County Car/Other 05-050			16.00	17.00	28.00				61.00
Sub Total				\$ 0	\$ 48.00	\$ 51.00	\$ 84.00	\$ -			\$ 183.00

† receipts not required for per diem
This claim includes transportation for:
Other notes/explanations:

LODGING FOR THIS TRIP WAS PAID BY EV'S CAR CARD WHEN TRAVEL RESERVATIONS WERE DELETED BY HOTEL **Total \$ 183.00**

Lodging paid for with CalCard Lodging paid for with Concur

Accounts Payable: _____
Less Advance: _____
Total \$ 183.00

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2016.

Prepared By: Robert Mone Phone #: 388-6678

Claimant (Print): Tim Breen

Department Head (Print): Winstead

Fiscal Approval (Sign): son 7/26/2019 (Date)
SOAHS FY 18-19 (Date)

Claimant (Sign): Tim Breen 6/20/19 (Date)

Department Head (Sign): _____ (Date)

NO AGENDA AVAILABLE

VNL 101876

0622-062319

4/30/19

2019

County of Humboldt, State of California

Travel Expense Voucher



Claimants Name: Erica Carrillo
 Claimants PEID:
 Claimants Address:

Invoice #
 Dept: DHHS - SGB - CWS
 Purpose: SUPPLEMENTAL

Budget Item(s):
1160 508 2225 \$87.00

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)		Meals/Per Diem †			Lodging	Other Expenses		Total Daily Expenses
		County Car/Other	Private Car	Select your rate from the box →	Select	Please provide receipts		Amount		
6/22	Vacaville	County car plate # 1A0022	Miles 0.58 Amount \$.	13	14	23				\$ 50.
6/23				13	28	46				37.
<p style="text-align: center;">RECEIVED JUL 08 2019 DHHS-SSB Financial Services</p> <p style="text-align: center;">RECEIVED JUL 09 2019 DHHS Accounts Payable</p>										
Sub Total		\$	0 \$	\$	\$	\$	\$	\$	\$	\$

† receipts not required for per diem
 This claim includes transportation for: CWS minor
 Other notes/explanations: _____
 Total \$ 87.00
 Less Advance: _____

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

Prepared By: Erica Carrillo
 Phone #: 441-5422

Claimant (print): Erica Carrillo
 Claimant (Sign): _____

Department Head (Print): S. Lyons
 Department Head (Sign): _____
8/8/19

County of Humboldt, State of California

Travel Expense Voucher



Claimants Name: Jennifer Corgiat
 Claimants PEID: C101879
 Claimants Address: _____

Invoice #: 0618-062719
 Dept: Aviation
 Purpose: Mileage Reimbursement

Budget: 3530-381-2125
 Budget: _____
 Budget: _____
 Budget: _____

CSA Reimbursement Rates (Links to internet)

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)		Private Car Miles 0.58	Amount	Meals/Per Diem † Select your rate from the box ->			Lodging Amount	Other Expenses Please provide receipts		Total Daily Expenses
		County Car/Other	Amount			Breakfast	Lunch	Dinner		Select Incidentals	Description	
6/18/19	2:00 PM 4:00 PM 605 K Street, Eureka	Personal Vehicle		16.6	\$ 9.63							\$ 9.63
6/18/19	4:00 PM Return to ACV	Personal Vehicle		16.6	9.63							9.63
6/20/19	10:00 AM 12:15 PM 12:15 PM Return to ACV	Personal Vehicle		16.5	9.57							9.57
6/20/19	6:00 P.M. 8:00 P.M. 8:00 P.M. RREDC	Personal Vehicle		16.5	9.57							9.57
6/27/19	3:30 PM 4:30 PM Return to ACV	Personal Vehicle		16.9	9.80							9.80
6/27/19	4:30 PM 5:00 PM Public Works	Personal Vehicle		16.5	9.57							9.57
6/27/19	5:00 PM Return to ACV	Personal Vehicle		16.5	9.57							9.57
Sub Total												77.43

† receipts not required for per diem
 This claim includes transportation for:
 Other notes/explanations: _____

Lodging paid for with CalCard Lodging paid for with Concur

Less Advance: _____
 Total \$ 77.43

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

Prepared By: Jennifer Corgiat 267-9157
 Phone # _____
 Fiscal Approval (Sign): _____ 7/1/19
 (Date) _____

Claimant: Jennifer Corgiat (Print)
 (Sign) _____ 7/1/19
 (Date) _____

Department Head: Cody Rogatz (Print)
 (Sign) _____
 Department Head: _____
 (Sign) _____ 07/01/2019
 (Date) _____

WVD/000789

000319

7/26/19

401

RECEIVED

JUL 26 2019



County of Humboldt, State of California

Travel Expense Voucher

Claimants Name: Laura DuBois
Claimants PEID: _____
Claimants Address: _____

Invoice #: _____
Dept: _____
Purpose: _____

CWS-Ongoing: _____
Visitation: _____

DHHS-SSB Budget: 116005082225
Financial Services Budget: \$37.00

GSA Reimbursement Rates (Links to internet)

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)		Meals/Per Diem †			Lodging	Other Expenses		Total Daily Expenses
		Country Car/Other	Private Car	Breakfast	Lunch	Dinner		Select	Description	
6/3/19	9:30am Redding 10:00pm	County Car 02-459	Miles 0.58 Amount \$ -		\$ 14	\$ 23				\$ 37
Sub Total \$ - 0 \$ - \$ 14 \$ 23 \$ - \$ Accounts Payable Less Advance: 37										
Total \$ 37										

Sub Total \$ -
Receipts not required for per diem
This claim includes transportation for:
Other notes/explanations:

Lodging paid for with CalCard Lodging paid for with Concur

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct; that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

Prepared By: Laura DuBois 445-6180
Phone #

Claimant: Laura DuBois 7/19/19
Print (Sign) (Date)

Department Head: L. VanSoyave 7/23/19
Print (Sign) (Date)

Fiscal Approval (Sign): [Signature] 7/26/2019
Date: 7/18-19

Claimant: [Signature] 7/22/19
Print (Sign) (Date)

Department Head: [Signature] 7/23/19
Print (Sign) (Date)

VND100649

OS14-OS1719

5/30/19

DT 3

County of Humboldt, State of California

Travel Expense Voucher



Claimants Name: Sarah Duncan
Claimants PEID: VND100649
Claimants Address: _____

Invoice #: 6S14-GS1719
Dept: TAY-MHB
Purpose: CMHACY

Budget Item(s): 9412 1170-497-2225
Total: \$130.96

GSA Reimbursement Rates (Links to internet)

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)		Meals/Per Diem †			Lodging	Other Expenses		Total Daily Expenses
		County Car/Other	Private Car	Breakfast	Lunch	Dinner		Select Incidentals	Description	
5.14.19	8:00 AM 7pm Eureka → Monterey, CA	rental car, personal car	Miles 0.38 Amount \$ 18.56	prov	\$ 19.00	prov				\$ 37.56
5.15.19	Monterey			prov	prov	prov				
5.16.19	8:00 AM 6:30 PM Monterey → Eureka	rental car, personal car	Miles 4.4 Amount 2.55	prov	19.00	prov	\$5	GAS	37.14	63.69
5.17.19	"	"	"	"	"	"	"	GAS	29.71	29.71
32 mile roundtrip mileage to-from airport in personal vehicle										
Sub Total		\$ 36.4		\$ 21.11	\$ 38.00	\$ 5.00			66.85	130.96
† receipts not required for per diem										
This claim includes transportation for:										
Other notes/explanations:										
Total \$ 130.96										

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

Prepared By: *[Signature]*
Phone #: 382-11042

Claimant: Sarah Duncan (print)

Department Head: *[Signature]* (Print)

Claimant (Sign): *[Signature]*

Department Head (Sign): *[Signature]*

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RECEIVED

MAY 30 2019

MAY 31 2019

COUNTY MENTAL HEALTH
Accounts Payable/Purchasing

DHHS
Accounts Payable

[Signature] 5/30/19

County of Humboldt, State of California

Travel Expense Voucher

Claimants Name: HERNANDEZ-BARON ANA I
 Claimants PEID: VNH101233
 Claimants Address: _____

Invoice #: _____
 Dept: SHERIFF
 Purpose: PRISONER TRANSPORT

Budget: 243
 Budget: _____
 Budget: _____
 Budget: _____



GSA Reimbursement Rates (Links to internet)

Date(s) of Travel	Location and Time of Departure and Return	Transportation (Select One)		Meals/Per Diem			Lodging	Other Expenses		Total Daily Expenses
		County Car/Other	Private Car	Breakfast	Lunch	Dinner		Description	Amount	
6/5/19	1:00 AM - 4:30 PM SOSP & SAC COUNTY	COUNTY CAR 17396	\$ 0.58	\$ 18.00	\$ 19.00	\$ 34.00				\$ 71.00
6/12/19	1:30 AM - 3:30 PM SOSP & SAC COUNTY	COUNTY CAR 17396		18.00	19.00	34.00				71.00
6/19/19	1:15 AM - 4:30 PM SOSP & SAC COUNTY	COUNTY CAR 17396		18.00	19.00	34.00				71.00
6/26/19	1:15 AM - 4:30 PM SOSP & SAC COUNTY	COUNTY CAR 17396		18.00	19.00	34.00				71.00
6/16/19	0830A - Del Norte	COUNTY CAR 17396						Fuel	38.74	38.74
Sub Total			\$ 0	\$ 72.00	\$ 76.00	\$ 136.00	\$ -			\$ 38.74

Receipts not required for per diem
 This claim includes transportation for: On 6/16/19 she did not have her county gas credit card with her
 Other notes/explanations: _____

Lodging paid for with CalCard Lodging paid for with Concur

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Prepared By: Lenny G. Blaney Phone #: 7-19-19
 Claimant: ANA I SHEL HERNANDEZ-BARON (Print)
 Department Head: Katie Alexander (Print)
 Fiscal Approval (Sign): _____ (Date)
 Claimant (Sign): _____ (Date)
 Department Head (Sign): _____ (Date)

County of Humboldt, State of California

Travel Expense Voucher

Claimants Name: Mike Wilson
 Claimants PEID: _____
 Claimants Address: _____

Invoice #: _____
 Dept: _____
 Purpose: _____

Budget Budget Budget Budget Budget
 Budget Budget Budget Budget Budget

GSA Reimbursement Rates (Links to Internet)

Date(s) of Travel	Location and Time of Departure and Return	Primary Destination	Transportation (Select One)		Meal/Per Diem †				Lodging	Other Expenses		Total Daily Expense
			County Car/Other	Private Car	Breakfast	Lunch	Dinner	Incidentals		Description	Amount	
6/29/19		Arcata/Mck/Arcata		12								9.96
6/29/19		Arcata/Eureka/Arcata		17								9.96
6/29/19		Arcata/Freshwater/Arcata		14								8.12
6/20/19		Arcata/Eureka/Arcata		17								9.96
6/20/19		Arcata/Eureka/Arcata		17								9.96
6/27/19		Arcata/Eureka/Arcata		17								9.96
6/28/19		Arcata/Eureka/Arcata		34								19.72
Sub Total												74.24

† receipts not required for per diem
 This claim includes transportation for:
 Other notes/explanations:

Travel Expenses - June, 2019

Less Advance: _____
 Total \$ 74.24

Lodging paid for with CalCard Lodging paid for with Concur

The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due the claimant, that no items have been previously paid, and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

Prepared By: Katly Haynes Phone #: 476-2396

Claimant: Mike Wilson (Print)

Department Head: Katly Haynes (Print) 7-25-19

Fiscal Approval (Sign) _____ (Date) _____

Claimant (Sign) _____ (Date) _____

Department Head (Sign) _____ (Date) _____