Claimants Name Claimants PEID

Claimants Address

Budget 1160 508 2614 1

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amo 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 and that the claim is being presented within thirty days of when the expenses were incurred, per travel policy enacted April 3, 2018.

2-13- 2-13-	1.1	Prepared By		7568	To Approval	100 x x 100
	march!	Phone #		5-13-2019		80145
	1-1	3	2001	All MILL	Claimant (Sign)	
Department Head Charleton Head Department Head	D Company	Department Head		Department Head	Contraction of the Contraction o	2000

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Mulia Stow

County of Humboldt, State of California

Claimants Address Claimants Name Claimants PEID

Invoice # Dept Purpose

DHH3-55B-CWS

June 2019 CWDA

Budget Budget Budget

Travel Expense Voucher

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Budget	

Financial Serv

DHHS-SSB

1160 So8 2225 \$ 183.00

Date(s) of Location and Time of Departure
Travel and Return This claim includes transportation for : t receipts not required for per diem Sub Total 6/12/19 6/14/19 6/13/19 6:30 AM 7:00 PM Sacramento, CA Sacramento, CA Eureka, CA 05 -050 County CarlOther County Car/Other

05-050

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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. 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

Lodging paid for with CalCard

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Other notes/explanations:

(LODGENG FOR THE FREP WAS PLACED ON ENT'S CALCARD WHEN TRANSPLY RESERVANDES WERE DECLENEOBY MAKEN TOTAL S

183.00

Fiscal Approval (Sign)	Prepared By	
30#5		Robert Mone
2019 FY 18-19	Phone #	388-6678

20	5	Be	30
		(Print)	Claimant



NO AGNITA AVAILABLE

County of Humboldt, State of California Claimants Name Claimants PEID

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Travel Expense Voucher

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pe of Amount Miles Amount Breakfast Lunch Dinner incidentals Amount Description	Please list type of Time Primary Destination transportation used
Transportation (Select One) Meass/Per Diem T Loughily County Car/Other Private Car Select your rate from the box -> Select Please provide receipts	Date(s) of Location and Time of Departure Travel and Return

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 Carrillo S. Wons

1/8/19

441-5427

strono 6/28/19

Prepared By	The travel expenses list amounts are properly du		This claim includes transportation for : Other notes/explanations:	† receipts not required for per diem	Sub Total									6/28/19	Time	Travel	Date(s) of Locatic		Claimants Address	Claimants PEID	County of Humbo
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			al \$ 3.48	e:	3.48		•		THE STATE OF THE S				,	\$ 3.48		Expenses	Total Daily				\$3.48

See the next page for approvers signatures. This is for the June travel that was originally put together with the July travel. I have field out a this form to separate the June from July mileage.-Lyn 8/16/19

County of Humboldt, State of California

Travel Expense Voucher

Claimants Name Claimants PEID Claimants Address Date(s) of Locatic Travel	Address Location and Time of Departure and Return	Count	on (Selec	Invoice # Dept Purpose ct One) Private Car		SSB local mileage GSA Reimb	alect P	ement Ra Neals/Per	Sement Rates (Links t Meals/Per Diem †	tt Rates (Links to internet) s/Per Diem † Select Income	nter Bu	Budget Item(s)	Budget // 60 511 2 Item(s) Lodging Other Expenses Please provide receip
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Other note	Other notes/explanations:	4/28-7/2	61/19										Total
The travel ex amounts are	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. Short Clary Clay Short Clay Clay Short Claimant (print) (date) Propared By Propared By Claimant (print) Claimant (print) Claimant (print)	were necessary in accords een previously paid, and the	in accordance with the Travel Policy of Haid, and that the claim is being presented (101) 2 (8-2446) Phone #	olicy of Humbo	oldt County. The in thirty days of Claimant	when the exper	County. The undersigned, under penalty of try days of when the expenses were incurred that the least of the l	perjury, states	oolicy enacted Apn	I 3, 2018.	aim are true and correct, that the state of	(Print) (date)	3 12
	In Day 15		b1 8/8	~	Claimant	(Sign)				A	Department Head	IM/	33
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Travel Expense Voucher



Calimants Name Claimants Address Jenniter Corgist Longer Longer Dept (1987) Dept (1987) Mileage Reimbursement GSA Reimbursement Claimants Address Travel Travel Transportation (Select One) GSA Reimbursement GSA Reimbursement Travel Travel County CarrOther Mileage Reimbursement Measurement Mileage Reimbursement Evil (1) 4.00 PM Personal Vehicle 16.6 S 9.63 Amount Bewatest Lunch Driver Mosts Per Diem † Evil (1) 4.00 PM Return to ACV Personal Vehicle 16.6 S 9.63 Amount Bewatest Lunch Driver Moderal Evil (1) 10.00 AM IT Training Room & Personal Vehicle 16.5 9.57 Bewatest Lunch Driver Moderal Evil (1) 10.00 AM IT Training Room & Personal Vehicle 16.5 9.57 9.57 Bewatest Lunch Driver Moderal Evil (1) 10.00 AM IT Training Room & Personal Vehicle 16.5 9.57 9.57 Driver Moderal	Lodging paid for with CaliCard Lodging paid for with Concur
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laimants Name	Laura DuBois	DuBois	_	Invoice #			Внн	ринс ссь в	Budge			(
laimants PEID				Dept	CWS-Ongoing Visitation	oing	Financia		Budget	1160 50	508 2225	\$ 37.00
dilliging Addices					GSA Rei	GSA Reimbursement Rates (Links to internet	ates (Links to i	7	Budget			
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Other notes/explanations.	ons:	Lodging paid for with CalCard		☐ Lodging paid for with Concur	- 11						i de	
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Fiscal Approval (Sign)	3	7/26/2019 (Date)	(Date)		ani (Sign)	B	W C	19/19 (Date)	\	Dechtingstread	(Sign)	7/23/15
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The travel expenses listed at amounts are properly due the Prepared By Prepared By Fiscal Appro	This claim includes transportation for: Other notes/explanations:	Sub Total								wdr. 3	6/26/19 10: <u>0</u> 0 A	Time	Travel	Data/s) of I ocation	Claimants Address	Claimants Name	County of Humboldt, State of California
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 thiny days of when the expenses were incurred, per travel policy enacted April 3, 2018. Prepared By Prepared By Phone # Claimant Property Fiscal Approval (Sign) Fig. 12-10 Department Head Department Head Department Head Department Head Department Head	ansportation for : ions:	d for per diem						-		3	Willits	Primary Destination	and Return	Data/s) of I ocation and Time of Departure		Laura DuBois	tt, State of California
were necessary in accordance with the been previously paid, and that the claim Boil S 445-6 Phone S 7 26 2019	Lodging paid for with CalCard						Tra c			120-28	County Car	Please list type of transportation used	County Car/Other	Transi		DuBois	
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1/25/1	\$ 53	53					•		•		\$ 53		Expenses	Total Daily		\$ 53.00	0

Description

Amount

37.56

Please provide receipts Other Expenses

Expenses Total Daily \$130.96

GAS GAS

29.71 37.14

29.71 63.69

Less Advance:

Total \$

130.96

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Claimants Name Claimants PEID County of Humboldt, State of California 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 claim and, that he joins 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. Other notes/explanations: This claim includes transportation for: † receipts not required for per diem Sub Total Date(s) of Location and Time of Departure

Travel and Return Claimants Address 5.17.19 5.16.19 5.15.19 5.14.19 Accounts Payable/Purchasing RECEIVED MAY 3 0 2019 8:00 AM 7pm 8:00 AM 6:30 PM Manterey A Eurelca -> Monterey, CA Monterey Primary Destination Monterey Sarah Duncan . rental car, personal car ental car, personal car Please list type of transportation used Accounts Payable MAY 3 1 2019 RECEIVED County Car/Other DHHS Transportation (Select One) 382-1642 32 mile roundtrip mileage to-from airport in personal vehicle Amount Purpose Invoice # 65/4-651717 Travel Expense Voucher Miles 4.4 32 Private Car 0.58 36.4 \$ 21.11 \$ Sec attached
Claimant (Sion) Jarah Luncan \$ 18.56 Amount 2.55 prov 1000 pros Breakfast CMHACY TAY-MHB GSA Reimbursement Rates (Links to internet) Ck# of advance: Select your rate from the box -> \$ 38.00 \$ prov prov Lunch 19.00 Meals/Per Diem † 19.00 prov prov prov Dinner Incidentals Select \$5 5.00 \$ Budget Item(s) Lodging Amount 1170-497-2225 Department Head

Mita D. Sail 5/30/19

(Print)

Travel Expense Voucher

Claimants Name	Name	HERNANDEZ	HERNANDEZ-BARON ANA I		Invoice #		SHERIFF				Budget Budget	243		2/25
Claimants Address	Address	LINIA	01200		Purpose _	PRISO	PRISONER TRANSPORT	SPORT			Budget			
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Travel		and Return	County Car/Other Please list type of A	r/Other Amount	Private Car Miles Amo	Amount Amount	Breakfast	Lunch Dinner	Dinner	Incidentals	Amount	Description	Amount	
	Time	Primary Destination	transportation used		\$ 0.58		The state of the s						A 100	Name of the last
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6/12/19	1:30 AM 3:30 PM	SOSP & SAC	COUNTY CAR 17396	σ.			18.00	19 00	34.00					71.00
6/19/19	1:15 AM 4:30 PM	SQSP & SAC	COUNTY CAR 17396	ō.			18.00	19.00	34.00					71.00
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Other note	Other notes/explanations:	sponanomion.	on 6/16/	and will	h her	+	ve he	have her County gas Cx	306 h	Credit		111	Total \$	\$ \$222
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The travel ex amounts are	properly due this	we were expended by me a claimant, that no items hav	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. [] [] [] [] [] [] [] [] [] [dance with the Travel F that the claim is being	rolicy of Humbo presented within	adt County. The	when the expe	under penalty of penjury, states that the items enses were incurred, per travel policy enacted.	penjury, states the	at the items liste icy enacted April	April 3, 2018	Mare true and correct, that the	Mend	1
	Prepared By	,	1	Phone *	•	Claimant	(Print)	7/0/2	+	1		Department Head) (Print)	7/2
	Lin	dury of Shin	rhis	7-19-19	1	Claimant	a C	ON WIN WE THOUSE	X		(Date)	Department Head	DW (Sign)	(Date)
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Travel Expense Voucher

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		amounts are p	The travel exp	Other notes	1 receipts r	Sub Total			9/28/19	8/27/19	6/26/19	6/20/19	9/7/19	6/6/19	61/2/19		Travel	2		Cidillian	Claimants Address	Claimants Name	
Fiscal Approval	Properted By	roperly due this cl	enses listed above	Other notes/explanations:	receipts not required for per diem											Tme		Location and		1	JEID -	vame	
(Sign)		ainert, that no items have be Kathy Hayes	were supended by me and		per diem				Arcata/Eur/Eureka Aras/Arcata	Arcate/Eureka/Arcate	Arcate/Eureka/Arcate	Arcata/Eureka/Arcata	Arcate/r-reenwater/Ar	Arcata/Eureka/Arcata	Arcata/Mck/Arcata	Primary Destination	and Return	Location and Time of Departure				Mike Wilson	
		emounts are properly due this claimant, that no ferms have been previously paid, and that the claim is being presented within thinty days of which the apprisos were incurren, per tiere pointy missions are properly due this claimant, that no ferms have been previously paid, and that the claim is being presented within thinty days of which the apprisos were incurrent, per tiere pointy missions are properly due this claimant, that no ferms have been previously paid, and that the claim is being presented within thinty days of which the apprisos were incurrent, per tiere pointy missions. Kathry Hayes 476-2366 Wilke Wilson	Lodging paid for with CalCard Lodging paid for with CalCard Consur Lodging paid for with Concur Lodging													Please list type of transportation used	County Car/Other	Trans				Vilson	
(Date)	Phone 8	476-2396	CalCard			\$										Amount	Other	Transportation (Select One)					
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Claimant	Claiman	Furly days of	Lodging paid for with Concur usey of Humbold County. The unders		Citat of adv Travel Expenses - June, 2019	128 \$ 74.24			19.72	9.86	9.08	9.98	8.12	9.86	6.98	Amount	Car						
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	2	Mike Wilson	nder penalty of		Like of advance: June, 2019											5	and you rea	Meanur	bursement !				
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Department Head	- Commy	Que D	im are true and correct, that the													- Constitution of the Cons	Output I	Please provide race	Other Expense				
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(Date)		7.25		Total \$ 74.24		74.24			19.72	9.86	9.86	9.86	8.12	9.86	6.96			Expenses	Total Daily				