COUNTY OF SAN BERNARDINO DPW TRAVEL REQUEST AND TRAVEL EXPENSE REPORT



(Attach any items that support this request along with a justification memo if out-of-state or out-of-country

COUNTY	Y (Attaci	n any items tr	iat support th	is request alon	g with a <u>justif</u>	catio	n memo ir out-oi	-state or	out-or-coun	try)					
	x Trip Request						Day Trip Expense Report								
	Trip Expense Report														
	ITIP Expense Report						No Request Expense Report								
SAP Trip #:						_									
Employee Name:	Katie Kennedy						EMACS ID/SAP PersNo.:								
Primary Residence (City): Department :	Big Bear City, CA						Occup. Unit:								
From Date:	Public Works 9/14/24 End Date: 9/20/24						Cost Center:								
Reason:			ogical Associ	SAP Cost Center for Job#											
			Reason for Trip (E												
Location (City & State):		Ca	Sales Tax Rate: 5.000%												
	Must enter % to calculate Per Diem Meal amounts below														
	SAP Note: All out-of-state travel requires CAO approval, unless within 20 miles of CA border.								SAP Activity Type:SAP "TAc" field						
				OUNTY CREDI	and the second	NSES				With one of					
			- C	DON'T CKEDI	I CAND LAFE					Paper					
Date dd/mm/yy	TRAVEL EXPENSE TYPE		Vendor or Description airfare			or TC	Last Five Digits Cal Card (CC) or Temp. Card (TC)	C Estimated Amount		Receipt Exist √	t FINAL \$ Actual Amount (receipts required for actuals)				
	AIRC						4740	\$ 500.00							
	LODC		hotel				4740	\$	1,374.00						
	CONC		conference fee				7846	\$	650.00		\$	2,300.00			
	BKFC LNCC			akfast			4740 4740	\$	68.80 93.80		_				
	DINC		lunch dinner				4740	\$	150.10						
	TAXC			o/from airport			4740	\$	230.00						
	RCAC														
Total								\$	3,066.70	THE PARTY	\$	2,300.00			
otal								*	3,000.70	MAN TEN	*				
	TRIP REQUES	TS ONLY - TR	AVEL ADVAN	ICE REQUEST	(travelers may	requ	uest an advance	of per die	m meals on	ıly)					
2		Per Diem \$					Total per meal to	# of days	7 1						
Date(s) From date - End Date	TRAVEL EXPENSE TYPE	Amount	Sales Tax Rate	Basis for Tax	15% Tip	至	enter by date in	or	Estimated	Meals		FINAL tual Amount			
		Per Meal Type					SAP	# of meals				-			
Sept 14-Sept 20	BKFT	13.28		13.94		\$ 4	16.04	4		64.16					
	LNCH	18.11 28.98	5.000%	19.02	15% 15%		21.87 34.99	6		87.48 209.94					
	DINN	20.50		[otal	Travel Advance r			361.58	\$				
						Otal	Traver Advance :	oquootou	•	001.00					
		TRAVEL EX	PENSES TO	BE PAID BY EN	IPLOYEE AND	REII	MBURSED BY CO	YTNUC							
Date	TD 41/51									Paper		FINAL			
dd/mm/yy	TRAVEL EXPENSE TYPE		Vendor or Description					\$ Estimated Amount		Receipt Exist		tual Amount			
14.									1			1			
14/9/24	AIR		Delta airfare					\$	500.00						
20/9/24	OTHR		parking					\$	140.00						
										1					
						-									
							7								
						San Ja	Total	\$	640.00	THE STATE OF	\$	-			
			ACE DECCE	D FOR TRAVE	INI DDIVATE	V	WHED VELVOLE								
		MILE	AGE RECOR			1 00	VNED VEHICLE			LA ACTO					
Date	Time From	Time To		PRIV	ATE MILEAGE	- 1	-		rsement is based o			ual Amount			
dd/mm/yy	111110 1 10111	Time To	Start Location	End Location	License Plate	#			le rate. All mileage 's residence and as		(Update	Rate Annually)			
14/9/24			Big bear	Ontario					not allowed, and n			36.27			
20/9/24			Ontario	Big Bear	(-)		62		total miles to be rei			36.27			
									nty Vehicle or othe chooses to drive or			-			
						_		employee is no	t entitled to a reimb	oursement.					
					Total N	liles	124			-vy-Marines	\$	72.54			
					, rotariy		,								
Total County Credit Card Expenses \$ 3,066.70									FINA	2,300.00					
Total County Credit Card Expenses _\$ Total Travel Advance _\$ Total Employee Paid Expenses to be Reimbursed _\$									361.58	De la Contraction de la Contra		2,300.00			
								\$	640.00						
							be Reimbursed					72.54			
					2004						•				
					TC	TAL	COST OF TRIP	\$	4,068.28		\$	2,372.54			

The undersigned declares under penalty of perjury that the expenses hereon claimed were necessary in attending to County Business in conformity with the policies established by the Board of Supervisors. Receipts must be submitted in SAP with all Actual expenses. All Trips must be settled within SAP immediately upon return.

Travel Advances: I understand travel advances <u>cannot be issued sooner that 30 days before the start of a trip</u>, and the minimum amount to be advanced is twenty-five dollars (\$25.00). Upon my return from travel, I agree I must submit a Travel Expense Report and all Receipts documenting expenses incurred. If I do not submit this accounting within fifteen (15) calendar days of return from travel, or prior to termination of County employment, I agree the Auditor-Controller/Treasurer/Tax Collector will recover the amount advanced from my pay.

Please indicate any amounts owed to DPW upon completion of Trip

Kathryn	Gara	agra-ko	nneds	Katu	y gome
7	Employe € /	raveler Signature	(print & sign)		

8/1/29 pate

Department Approval signature (print & sign)

Date