72.54

2,372.54

## **COUNTY OF SAN BERNARDINO DPW** TRAVEL REQUEST AND TRAVEL EXPENSE REPORT

COUNT		any items the	at support this	s request along	with a <u>justifica</u>	atio	n memo if out-of	-state or c	out-of-coun	<u>try</u> )			
							Day Trip Expense Report						
							No Request Exp	ense Rep	ort				
SAP Trip #:													
Employee Name:			Jessica Whiton			EMACS ID/SAP PersNo.:							
Primary Residence (City): Department :						Occup. Unit: Division:							
From Date:			End Date:	9/20	0/24			t Center:			enter for Job#		
Reason:			on of Zoos and	d Aquarium nter all in SAP "Reas	son" field)				SA	AP Cost C	enter for Job#		
Location (City & State):		Cal	lgary, Alberta	, CA		5	Sales Tax Rate:			5.000%			
	City location	of Job# for Field	Work or City Trave	eling to for all other	Trip Activity		D. A ativita : Tuma :		er % to calculat	e Per Dier	m Meal amounts below		
	Note: All out-of-sta	te travel requires (	CAO approval, unle	ess within 20 miles o	of CA border.	ЭА	P Activity Type:		SA	P "TAc" fie	ld		
			CC	DUNTY CREDIT	CARD EXPENS	SES							
Date dd/mm/yy	TRAVEL EXPENSE TYPE		Vendor or	Description		or	Last Five Digits Cal Card (CC) or Temp.	\$ Estimat	ted Amount				
						TC	Card (TC)				for actuals)		
	AIRC LODC			fare otel			4740 4740	\$	500.00 1,374.00				
	CONC			ence fee			7846	\$	650.00		\$ 2.300.00		
	BKFC			akfast			4740	\$	68.80		ψ <u>2,000.00</u>		
	LNCC			nch			4740	\$	93.80				
	DINC			nner o/from airport			4740 4740	\$	150.10 230.00				
	RCAC		ti ansport to	o/itotit alipoit			4740	Ψ	230.00				
otal								\$	3,066.70		\$ 2,300.00		
	TRIP REQUES	TS ONLY - TR	AVEL ADVAN	CE REQUEST (	travelers may re	equ	est an advance o	of per dier	n meals on	ly)			
Date(s) From date - End Date	TRAVEL EXPENSE TYPE	Per Diem \$ Amount Per Meal Type	Sales Tax Rate	Basis for Tax	15% Tip		Total per meal to enter by date in	# of days or # of meals	Estimated		FINAL \$ Actual Amount		
Sept 14-Sept 20	BKFT	13.28		13.94	15%		16.04	4	\$	64.16			
	LNCH	18.11	5.000%	19.02	15%		21.87	4	\$	87.48			
	DINN	28.98		30.43	15%		34.99	6		209.94	•		
					Tot	tal I	ravel Advance re	equested	\$	361.58	\$ -		
		TRAVEL EX	PENSES TO E	BE PAID BY EN	IPLOYEE AND F	REIN	MBURSED BY CO	UNTY					
Date dd/mm/yy	TRAVEL EXPENSE TYPE			Vendor or Desc	cription			Paper Receipt		FINAL \$ Actual Amount			
14/9/24	AIR			Delta airfa	are			\$ 500.00					
20/9/24	OTHR			parking				\$	140.00				
					<del></del>				-				
_							Total	\$	640.00		\$ -		
		MILI	EAGE RECOR	D FOR TRAVEL	IN PRIVATELY	OV	VNED VEHICLE						
					ATE MILEAGE								
Date dd/mm/yy	Time From	Time To	Start Location	End Location	License Plate #	ŧ	NO. OF MILES	annual allowab	ursement is based nle rate. All mileago 's residence and a	e to and	\$ Actual Amount (Update Rate Annually)		
14/9/24			Big bear	Ontario			62	work location is not allowed, and must be deducted from total miles to be reimbursed.		36.27			
20/9/24			Ontario	Big Bear			62	If offered a County Vehicle or other means 36.27					
						_		and employee chooses to drive own car, employee is not entitled to a reimbursement.					
											-		
					Total Mi	les	124				\$ 72.54		
								ESTIMAT	ED TOTAL		FINAL TOTAL		
				т	otal County Cre		Card Expenses Travel Advance	\$ \$	3,066.70 361.58		<b>FINAL TOTAL</b> 2,300.00		

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 cannot be issued sooner that 30 days before the start of a trip. 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.

-	9			
		PI	ease indicate any amounts owed to DPW upon completion	ı of Trip
_	Jessica Whiton			
7	Employee/Traveler Signature (print & sign)	Date	Department Approval signature (print & sign)	Date

Total Private Mileage to be Reimbursed

TOTAL COST OF TRIP \$

4,068.28