SAN BERNARDINO COUNTY
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)

- ◉ **Trip Request**
- ○ **Day Trip Expense Report**
- ○ **Trip Expense Report**
- ○ **No Request Expense Report**

SAP Trip #:
Employee Name: Jessica Whiton
EMACS ID/SAP Personnel No: J6546
Occup. Unit
Primary Residence (City): Big Bear City, CA
Assigned Hdqtrs (City): Big Bear Valley Recreation and Parks District
Department: Big Bear Valley Recreation and Parks District

Reason for Trip: AZA Directors' Policy Conference
Activity Type:
Location (city, state): Nassau, Bahamas
Use if cost assignment is other than payroll cost center
Cost Center:
Internal Order:
WBSE:

COUNTY CREDIT CARD EXPENSES

Date	Travel Expense Type	Vendor or Description	CC or TC	Last Five Digits CalCard (CC) or Temp. Card (TC)	Cost Center / Internal Order / WBSE (Select/Input if different than funding above)	Cost Assignment Code (Select/Input if different than funding above)	Estimate or Actual (reciepts required for actuals)	$ Amount
	AIRC	AIRFAIR		7846			Estimate	$ 700.00
	LODC	HOTEL		7846			Estimate	$ 1,400.00
	CONC	CONFERENCE FEE		7846			Estimate	$ 450.00
	BKFC	BREAKFAST		7846			Estimate	$ 79.68
	LNCC	LUNCH		7846			Estimate	$ 108.66
	DINC	DINNER		7846			Estimate	$ 173.88
	TAXC	TRANSPORT TO/FROM AIRPORT		7846			Estimate	$ 100.00
	RCAC	AIRPORT PARKING		7846			Estimate	$ 110.00
							Total	$ 3,122.22

TRAVEL EXPENSES TO BE PAID BY EMPLOYEE AND REIMBURSED BY COUNTY

Date	Travel Expense Type	Vendor or Description	Cost Center / Internal Order / WBSE (Select/Input if different than funding above)	Cost Assignment Code (Select/Input if different than funding above)	Estimate or Actual (reciepts required for actuals)	Meals Per Diem (enter X if claiming per diem amounts)	$ Amount
						Total	$ -

TRIP REQUESTS ONLY - TRAVEL ADVANCE REQUEST (travelers may request an advance of per diem meals only)

Date(s)	Reason/Description	$ Amount	Per Day or Per Meal Type	# of days/ # of meals	Meals Per Diem	$ Amount
uary 25 - 30, 2	BREAKFAST	$ 13.28	Per Meal Type	6	X	$ 79.68
	LUNCH	$ 18.11	Per Meal Type	6	X	$ 108.66
	DINNER	$ 28.98	Per Meal Type	6	X	$ 173.88
					Total Travel Advance requested	$ 362.22

Note: When requesting a meal advance on trip request, include meals in 'Travel Expenses to be Paid by Employee' section also to accurately reflect in Trip total.

Total County Credit Card Expenses	$ 3,122.22
Total Employee Paid Expenses	$ -
Total Private Mileage (from page 2)	$ -
GRAND TOTAL OF TRIP	**$ 3,122.22**

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 than 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.

Jessica Whiton — *Employee/Traveler Signature (print and sign)*
B H

12/30/25 — *Date*

David R. Doublet — Department Approval Signature (print and sign)

1/05/26 — *Date*

rev. 2/22/2022