MENDOCINO COUNTY TRAVEL REIMBURSEMENT CLAIM

Vendor #	46465			. (Date:		January 22, 202	
CLAIMAN	NT:		Name of Department:								
					* 4		Dis	trict Attor	ney		
Kassandra Long					Remarks: CDAA New Prosecutor Academy						
95 West	t Perkins St. #3										
kiah, C	A 95482				* "						
Amount Org Code					Object Code Invoice Control #						
	\$587.32	DA				862253			invoice Control #		
	\$307.32	. 4		' A		14	002233				
EXP	ENDITURE AUTHORIZEI	D AND APPRO	OVED								
	District Atta	rnov					El con con			ms as therein set out nty Travel Policy; that	
	District Atto Elected Offic				f has hereton presented w					s justly due me; and t ccrued.	
	00										
Title					Signature of Claimant						
	Title 2						orginatare c	or Grammarie			
Date	Destination	Transportation			Hotal		Meals		Misc Toll	Purpose	
		Miles Pri Car	Amt Pri Car	Fares Pub Trans	Hotel	Brkfst	Lunch	Dinner	Phone	The second secon	
2				,		8 · · · ·	G .			-	
.0/06/19	Ukiah/Seaside	227	131.66	10		0	0.00	34.00		CDAA Training	
10/07/19	Seaside			* * * * * * * * * * * * * * * * * * * *		18.00	19.00	34.00		CDAA Training	
10/07/15	Seaside	3				10.00	13.00	34.00		CDAA Truining	
10/08/19	Seaside		9		2 7	18.00	19.00	34.00		CDAA Training	
10/09/19	Seaside		- ,		8	18.00	19.00	34.00		CDAA Training	
10/10/19	Seaside/Ukiah	227	131.66			18.00	19.00	0.00		CDAA Training	
									8		
10/10/19	Seaside							*	40.00	Parking	
	e	17	11							A	
	N 2					×		· .		2.5	
				-							
	e e e				2		11		9 4 5		
	ACCOU	NTS PAYA	BLE		6					2	
	VENDOR No	938	b5							4.	
	BATCH No.	738	8	-	-						
	CNTRL. No.	763	3		25		2 p				
	ACCT. STR.	DA						,	-		
	The state of the s	865	253				_				
				3		=					

POLICY FOR PROPER RATES. ATTACH ALL ORIGINAL RECEIPTS TO ENSURE PROPER PAYMENT OF YOUR CLAIM.