

Notice of Deleted Travel Claim

Date: 2.13.20

To: Zena

From: Auditor's Office

The attached Travel Claim was deleted. Please make the changes indicated below and resubmit in a new batch.

- ☐ Claim not in ink.
- ☐ Employee not on Authorized Driver's List.
- ☐ Employee signature required.
- ☐ Destination and/or purpose required.
- ☐ Incorrect mileage rate for date
- ☐ Incorrect per diem rate for area
- ☐ Original receipts required.
- ☐ Link from hotel to event required.
- ☐ Employee link to payment with credit card if name is not on receipt (e.g. copy of card with name & all but the last four digits blacked out)
- ☐ Employee 'agrees to lesser amount' requires a statement of agreement and signature on the Travel Claim.
- ☐ Requires CEO approval for Out of County travel.
- ☒ Other Needs Travel Auth Per Chamise

Please call 234-6860 if you have any questions.
Thank you.

Cassandra

PAID FEB 13 2020

1646



Date:

2/04/2020

Elizabeth Norman

Remarks: CJAA TRAINING
NAVIGATING MENTAL HEALTH

Invoice Control #

\$ 431.00

DA

862253

EXPENDITURE AUTHORIZED AND APPROVED
Carmen Macias

Department Head		the
Administrative Services Manager		Title
		Transportation

I certify under the penalty of perjury that the within claim and the items as therein set out are true and correct and claimed according to the current Mendocino County Travel Policy; that no part thereof has heretofore been paid and that the amount therein is justly due me; and that the same is presented within 30 days after the last item thereof has accrued.

Signature of Claimant

[illegible]