

**EMPLOYEE TRAVEL DEMAND**

EMPLOYEE NUMBER: 37927

EMPLOYEE NAME: MITCHOFF, KAREN  
(Last Name, First Name)

EMP LOCATION ADDRESS: 2151 SALVIO ST., SUITE R, CONCO

FOR OFFICE USE ONLY

CLAIM MONTH: 10/18  
MM/YY (ONE DEMAND PER MONTH)

DEPARTMENT: BOS - MITCHOFF

EMP PHONE #: (925) 521-7100

TRAVEL DEMAND BY PRIVATE AUTO			
DATE	FROM/TO	PURPOSE	MILES
1-Oct	CONCORD-MARTINEZ	Sign Documents in Clerk's Office	17
3-Oct	CONCORD-MARTINEZ	Toll Lane Groundbreaking	15
3-Oct	CONCORD-SAN FRANCISCO	ABAG Regional Planning	58
8-Oct	CONCORD-MARTINEZ	TWIC Committee	17
9-Oct	CONCORD-MARTINEZ	Board of Supervisors Meeting	17
12-Oct	CONCORD-SAN FRANCISCO	ABAG Administrative Committee	58
16-Oct	CONCORD-MARTINEZ	Board of Supervisors Meeting	17
23-Oct	CONCORD-MARTINEZ	Board of Supervisors Meeting	17
24-Oct	CONCORD-MARTINEZ	Solid Waste Authoirty Meeting	15
TOTAL			231

EXPENSE REIMBURSEMENT		
DATE	ITEM OF EXPENSE	AMOUNT
3-Oct	Bridge Toll - Fastrak	\$4.00
12-Oct	Bridge Toll - Fastrak	\$6.00
TOTAL		10

FOR AUDITOR'S USE ONLY		
PD TAX	REIM TAX	NO TAX
TOTAL	TOTAL	TOTAL

EXPENSE CODE 1: MILEAGE DISTRIBUTION				
ORG	TASK	OPT	ACTIVITY	MILES
1104				231

EXPENSE CODE 2: EXPENSE DISTRIBUTION							
DATE	DESCRIPTION	ORG	ACCT	TASK	OPT	ACTIVITY	AMOUNT
3-Oct	Bridge Toll - Fastrak	1100	2300				\$4.00
12-Oct	Bridge Toll - Fastrak	1104	2300				\$6.00

The undersigned under the penalty of perjury states: That this claim and the items as therein set out are true and correct; That no part thereof has been heretofore paid; and That the amount therein is justly due; and that the same is presented within one year after the last item thereof has accrued.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD OR DEPUTY \_\_\_\_\_ DATE \_\_\_\_\_

**SEE INSTRUCTIONS BELOW**