EMPLOYEE TRAVEL DEMAND

EMPLOYEE NUMBER: 37927								CLAII	CLAIM MONTH: 12/18 MM/YY (ONE DEMAND PER MONTH)				
EMPLOYEE NAME: MITCHOFF, KAREN (Last Name, First Name)						FOR OFFICE USE ONLY			DEPARTMENT: BOS - MITCHOFF				
EMP LOCATION ADDRESS: 2151 SALVIO ST., SUITE R, CONCO								EMP	EMP PHONE #: <u>(925) 521-7100</u>				
TRAVEL DEMAND BY PRIVATE AUTO					EXPENSE REIMBURSEMENT						DITOR'S U		
DATE	FROM	/TO	PU	RPOSE	MILES	DATE	ITEM OF EXPENSE	AMOUN	NT	PD TAX	REIM TAX	NO TAX	
3-Dec	CONCORD-MA	IARTINEZ Finance Committee		mittee	17	12-Dec	Bridge Toll - Fastrak	\$6.00	<u> </u>				
4-Dec	CONCORD-MARTINEZ		Board of Supervisors Meeting		17	14-Dec	Bridge Toll - Fastrak	\$6.00	<u> </u>				
10-Dec	ec CONCORD-MARTINEZ		Legislation Committee		17								
11-Dec	ec CONCORD-MARTINEZ		Board of Supervisors Meeting		17								
	CONCORD-SAN FRANCISCO		ABAG Ad Hoc Selection Committee		58								
	CONCORD-SAI			al Admin	36								
14-Dec	FRANCISCO				58								
18-Dec	CONCORD-MA	ARTINEZ Board of Supervisors Meeting		17									
19-Dec	ec CONCORD-MARTINEZ		Document Signing		17								
									_	TOTAL	TOTAL	TOTAL	
				TOTAL	218		-	TOTAL 12		TOTAL	TOTAL	TOTAL	
	EXPENSE CODE 1: MILEAGE DISTRIBUTION EXPENSE CODE 2: EXPENSE DISTRIBUTION												
	ORG	TASK	OPT	ACTIVITY	MILES	DATE	DESCRIPTION	ORG	ACCT	TASK	OPT	ACTIVITY	AMOUNT
	1104				218	12-Dec	Bridge Toll - Fastrak	1100	2300				\$6.00
						14-Dec	Bridge Toll - Fastrak	1104	2300				\$6.00
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							t out are true and correct; That no part the he last item thereof has accrued.	ereof has been he	eretofore paid;				
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EMPLO'	YEE'S SIGNATU	RE	DATE		SUPERVIS	SOR'S SIGNA	ATURE DATE		DEPARTME	NT HEAD C	R DEPUT	Y I	DATE

SEE INSTRUCTIONS BELOW