

EMPLOYEE NUMBER: 37927

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

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

CLAIM MONTH: 12/18
MM/YY (ONE DEMAND PER MONTH)

DEPARTMENT: BOS - MITCHOFF

EMP PHONE #: (925) 521-7100

FOR OFFICE USE ONLY

FOR AUDITOR'S USE ONLY

DATE	ITEM OF EXPENSE	AMOUNT
12-Dec	Bridge Toll - Fastrak	\$6.00
14-Dec	Bridge Toll - Fastrak	\$6.00
TOTAL		12

EXPENSE CODE 2: EXPENSE DISTRIBUTION

DATE	DESCRIPTION	ORG	ACCT	TASK	OPT	ACTIVITY	AMOUNT
12-Dec	Bridge Toll - Fastrak	1100	2300				\$6.00
14-Dec	Bridge Toll - Fastrak	1104	2300				\$6.00

DEPARTMENT HEAD OR DEPUTY	DATE
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