

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: 03/20
MM/YY (ONE DEMAND PER MONTH)

DEPARTMENT: BOS - MITCHOFF

EMP PHONE #: (925) 521-7100

TRAVEL DEMAND BY PRIVATE AUTO			
DATE	FROM/TO	PURPOSE	MILES
2-Mar	CONCORD-SAN RAMON	East Bay Women's Conference	37
4-Mar	CONCORD-SAN FRANCISCO	ABAG Regional Planning	58
9-Mar	CONCORD-MARTINEZ	Legislation Meeting	17
10-Mar	CONCORD-MARTINEZ	Board of Supervisors Meeting	17
13-Mar	CONCORD-SAN FRANCISCO	ABAG Legislation & Administrative Committees	58
26-Mar	CONCORD-MARTINEZ	IT Equipment Pick Up	15
31-Mar	CONCORD-MARTINEZ	Board of Supervisors Meeting (on location for WebEx)	17
TOTAL			219

EXPENSE REIMBURSEMENT		
DATE	ITEM OF EXPENSE	AMOUNT
2-Mar	Bridge Toll - Fastrak	\$7.00
13-Mar	Bridge Toll - Fastrak	\$7.00
TOTAL		14

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				219

EXPENSE CODE 2: EXPENSE DISTRIBUTION							
DATE	DESCRIPTION	ORG	ACCT	TASK	OPT	ACTIVITY	AMOUNT
4-Mar	Bridge Toll - Fastrak	1104	2300				\$7.00
13-Mar	Bridge Toll - Fastrak	1104	2300				\$7.00

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