MARIPOSA COUNTY RESOLUTION NO. 89-53

REVISING THE TRAVEL AND REIMBURSEMENT POLICY FOR ELECTED COUNTY OFFICIALS AND DEPARTMENT HEADS

WHEREAS, the Mariposa County Board of Supervisors desires to establish a separate Travel Reimbursement Policy for Elected County Officials and Department Heads.

NOW THEREFORE, BE IT RESOLVED, by the Mariposa County Board of Supervisors, a political subdivision of the State of California, that a separate County travel and reimbursement policy be established for elected County Officials and Department Heads to allow for one hundred percent travel advances, with warrants to be drawn payable directly to the vendors.

PASSED AND ADOPTED, by the Mariposa County Board of Supervisors, this 14th day of February, 1989, by the following vote:

AYES: BAGGETT, PUNTE, ERICKSON, RADANOVICH, TABER

NOES: NONE

ABSENT: NONE

ABSTAINED: NONE

GERTRUDE R. TABER, Chairman
Mariposa County Board of Supervisors

ATTEST:

MARGIE WILLIAMS, Clerk of the Board

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

JEFFREY G. GREEN, County Counsel
MARIPOSA COUNTY AGENDA ACTION FORM

DEPARTMENT: Board BY: Baggett PHONE: 966-2006

RECOMMENDED ACTION AND JUSTIFICATION:

Approve change in County policy with regard to reimbursement for travel claims, allowing for reimbursement for a maximum of 15% tip for meals.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Present Board policy does not allow for reimbursement of tips.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Take no action and policy would remain as it is presently. Refer to a committee. Approve as recommended.

COSTS: (x) Not Applicable

A. Budgeted current FY $_______
B. Total anticipated costs $_______
C. Required Add'l funding $_______
D. Source: ______________________

SOURCE: ( ) 4/5ths Vote Required

A. Internal transfers $_______
B. Unanticipated revenues $_______
C. Reserve for contingency $_______
D. Description: ______________________
Balanceable Reserve for Contingencies, if approved: $_______

SPECIAL INSTRUCTIONS:

1. Submit Original of Action Form
2. Submit eleven copies of all attachments, number the pages, and list the attachments:

__________________________
__________________________
__________________________
__________________________

CLERK'S USE ONLY:

Res. No.: 89-500
Ord. No.: ___________
Vote - Ayes: Unanimous
Noes: ___________
Absent: _______ Abstained: _______

Approved ( ) Denied ( ) Minute Order Attached
Dated: 9-19-89

The foregoing instrument is a correct copy of the original on file in this office.

Date: ___________________

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: ___________________
Deputy

Action Form Revised 6-15-89
AGENDA OF (Date): 9/19/89

AGENDA TITLE:
Approve change in County policy with regard to reimbursement for travel claims.

AGENDIZE AS:  
Routine Agenda:  
Information:  
Attention:  
Timed:  

IF TIMED:
( ) Public Hearing at: ________
( ) Public Input Anticipated
( ) Indicate Time Required: ________

STAFF REVIEW REQUIRED:

ROUTE:
County Counsel
Auditor
Personnel
Purchasing
Other

APPROVED AS TO FORM

REMARKS:

SPECIAL INSTRUCTIONS TO CLERK:
_____ Rush! Need to have signed documents by: ________
_____ Legal publication required. (This is responsibility of submitting department.)
_____ Other (i.e., need cert. resolutions, and/or signed contracts)
______ You want us to send copy of action to: ________

RECEIVED: 9/8/89

BY: B. Day

For Agenda Of: 9/19/89
Agenda Item No.: 24
_____ Routine Agenda
_____ Information
_____ Attention
_____ Timed

Timed at: ________

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

_____ Recommended
_____ Not Recommended
_____ For Policy Determination
_____ Submitted with Comment
_____ Returned for Further Action

Comment: ____________________________

A.O. Initials: ___________