DEPARTMENT: Public Health  
BY: C. B. Mosher, MD, Health Officer  
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No_x__)

Request that the Board of Supervisors authorize the issuance of a new warrant to Mr. Ed Guzman, EMS Coordinator, due to the previous warrant being destroyed. Attached is Mr. Guzman's request for the new warrant.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has approved similar actions in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve request.

COSTS: ( ) Not Applicable
A. Budgeted current FY $  
B. Total anticipated costs $  
C. Required additional funding $  
D. Internal transfers $  

SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated revenues $  
B. Reserve for contingencies $  
C. Source description:  
Balance in Reserve for Contingencies, if approved: $

SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:

ADMINISTRATIVE OFFICER'S RECOMMENDATION: This item on agenda as:  
☑ Recommended  
☐ Not Recommended  
☐ For Policy Determination  
☐ Submitted with Comment  
☐ Returned for Further Action  

Comment: 

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

ATTEST: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By: Deputy  

A.O. Initials:  

Action Form Revised 5/92
August 10, 1993

Mariposa County Board of Supervisors
P. O. Box 784
Mariposa, CA 95338

Dear Board Members:

I am writing to request that a new check be issued to me in the amount of $292.28. A check for this amount was originally issued to me as an expense reimbursement back in January of this year. I am embarrassed to say that the check was destroyed in the wash and I only recently found the expense claim to remind me of something that I should have taken care of months ago.

Your prompt attention in this matter is most appreciated.

Sincerely,

Ed Guzman
EMS Coordinator
COUNTY OF MARIPosa
EMPLOYEE TRAVEL EXPENSE CLAIM

CHECK TO BE MADE PAYABLE TO: 

Name: ED GUzman 

Date: 1/5/03

Dept: _______________ Title: _______________

Destination: _______________ Departure Date: 1/12/94 Return Date: 1/1/93

Method of Travel: ( ) County Car ( ) Private Car ( ) Other-Specify

Reason for Travel: _______________—Cal Expo, EMS

ADVANCE REQUEST

Registration: $ _______________

Lodging: $ _______________

Parking: $ _______________

Mileage (miles): $ _______________

Total Requested Advance: $ _______________

Breakfast: ( ) @5.00 $ _______________

Lunch: ( ) @7.50 $ _______________

Dinner: ( ) @12.50 $ _______________

Other: $ _______________

Account No. _______________

Employee's Signature: _______________

Approved

Dept Head Signature: _______________

ACTUAL EXPENSE CLAIM

(after return from trip) 

Date:

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<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
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<th>Thur</th>
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<th>Sat</th>
<th>Totals</th>
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<td>Non-Overnight Meals @ 12.50 (County business not requiring overnight lodging)</td>
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<td>Registration (receipt required)</td>
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<td>Lodging (Itemized receipts indicating room rate, tax, etc)</td>
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<td>Mileage</td>
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<td>$ 150 miles $ 49.50</td>
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<td>Other (Itemized receipts)</td>
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Less Advance: $ _______________

GRAND TOTAL: $ _______________

ACCOUNT NO. 001-450-2-233

I certify (or declare) under penalty of perjury that the foregoing claim and items as therein set out are true and correct: that no part thereof has been heretofore paid and that the amount is justly due: and that same is presented within one year after the last item has accrued.

Employee's Signature: _______________ Approved

Dept Head Signature: _______________

County Counsel's approval of this claim is solely for the purpose of approving conformance to California Government Code, Section 29707 (For Board Members Only)

County Counsel

Date: _______________

WHITE - Regular travel or reconciliation of prior advance

CANARY - Travel advance request