

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)
Resolution Authorizing Payment of Previously Negotiated Expenses
(\$989.32)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors authorized in hiring the Public Works Director that the salary would not exceed \$60,000 per year and half of the cost of moving expenses not to exceed \$2,000. The Public Works Director submitted a billing based upon that negotiation for one-half of the cost of moving expenses totalling \$989.32. This Board action will authorize payment of that submitted billing.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1. Payment must be authorized in accordance with the negotiated agreement.

COSTS: () Not Applicable
A. Budgeted current FY _____
B. Total anticipated costs 989.32
C. Required Add'l funding _____
D. Source: Public Works Budget
SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies,
if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number
the pages consecutively:
Claim Form from P.W. Director

CLERK'S USE ONLY:

Res. No.: 92-120
Ord. No.: _____
Vote - Ayes: 4 Noes: _____
Absent: Admitted Abstained: _____
kwj Approved () Denied
() Minute Order Attached

**ADMINISTRATIVE OFFICER'S
RECOMMENDATION:**

This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further
Action

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

Comment: _____

A.O. Initials: Jwm / by mw

DIRECTIONS: Claims must be properly itemized, giving name, date, particular services rendered, character of process served and upon whom, giving distances traveled, whereto and wherefrom, character of work done, number of days engaged, material furnished and quantity, and unit prices paid therefor. Govt. Code Section 29700. No claims can be audited or allowed unless or until these requirements have been complied with.

Demand of: Larry Pollard

Address: Mariposa, CA Zip: 95338

On the Treasurer of MARIPOSA COUNTY, State of California.

DATE	ITEMS/DESCRIPTION OF SERVICES	AMOUNT
9-2-91	LI-HAUL Rental for moving household goods	344 98
9-4-91	Bastions Moving " " " "	1433 81
11-15-91	LI-HAUL Rental " " " "	199 85
	Agreed 50/50 shared cost for employment	1978 64
		989 32

STATE OF CALIFORNIA)
COUNTY OF MARIPOSA) ss.

TOTAL CLAIM SUBMITTED:..... \$ 989.32

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.

Date: 1-10-92

Signed: Laurence Pollard
(Signature of Claimant)

Expenditures Authorized & Approved by: Laurence Pollard

(Signature of Department Head)

Account No. 001-230-2-250

Department: Public Works Date: _____