

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 \$ _____

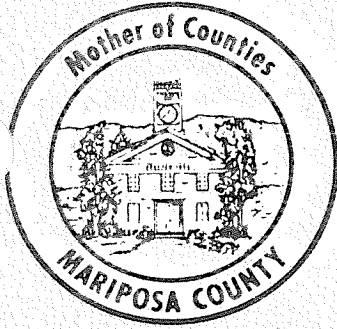
SOURCE: () 4/5ths Vote Required
A. Unanticipated revenues \$ _____
B. Reserve for contingencies \$ _____
C. Source description: _____
Balance in Reserve for Contingencies,
if approved: \$ _____

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

CLERK'S USE ONLY:
Res. No.: 93-454 Ord. No. _____
Vote - Ayes: 4 Noes: _____
Absent: Erickson Abstained: _____
Approved () Denied
() Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of
the original on file in this office.
Date: _____
ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: _____
Deputy

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: ll



Mariposa County Health Department

Charles B. Mosher, MD, County Health Officer

Public Health Section
4988 Eleventh Street
Post Office Box 5
Mariposa, California 95338
(209) 966-3689 FAX (209) 966-4929

Environmental Health Section
5320 Highway 49 North
Post Office Box 5
Mariposa, California 95338
(209) 966-0200 FAX (209) 966-4929

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

VENDOR _____

CHECK TO BE MADE PAYABLE TO:

Name ED GUZMAN Date 1/5/03
 Dept HEALTH DEPT Title EMIS
 Destination SACRAMENTO Departure Date 10/24/02 Return Date 11/1/02
 Method of Travel () County Car (X) Private Car () Other-Specify _____
 Reason for Travel EMIS CONFERENCE - CAL EXPO, EMIS

ADVANCE REQUEST

Registration	\$ _____	Breakfast()@5.00	\$ _____
Lodging	\$ _____	Lunch()@7.50	\$ _____
Parking	\$ _____	Dinner()@12.50	\$ _____
Mileage (miles _____)	\$ _____	Other _____	\$ _____
Total Requested Advance:	\$ _____	Account No. _____	

Employee's Signature: _____

Approved _____

Dept Head Signature: _____

ACTUAL EXPENSE CLAIM

(after return from trip)

Date _____

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Totals
Breakfast								\$ _____
Lunch								\$ _____
Dinner								\$ _____
Non-Overnight Meals @ 12.50(County business not requiring overnight lodging)								\$ _____
Registration (receipt required)								\$ <u>162.50</u>
Lodging (itemized receipts indicating room rate, tax, etc)								\$ <u>80.28</u>
Mileage						<u>180 miles</u>		\$ <u>49.50</u>
Parking (receipt required)								\$ _____
Bridge (receipt required)								\$ _____
Other (itemized receipts)								\$ _____
Less Advance								-\$ <u>20</u>
GRAND TOTAL								\$ <u>292.28</u>

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: Edward Guzman

Approved _____

Dept Head Signature: [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: _____