City of Riverside STATEMENT OF EXPENSE Fin:AC-1:4/99

EMPLOYEE ID: 12/80 (Required Field)

NAME TOUSS	LEA	1crl	DEPARTMENT DIMISION ULICE				EXPENSE DATE(S) / - / 4 - / 0	
Purpose of expenses claimed	1E55	MEET	-ING			, (CITY, STATE	SIDE CA
SCHEDULE A - TRA	/EL AND	MEETING	EXPENSE	S (Itemize	e below in d	etail)		and the second s
TEM OF EXPENSE		LIST DATE	S AND EXP	ENSES IN	CURRED BE	URRED BELOW		SCHEDULE
TEM OF EXILETOE	SUN	MON	TUES	WED	THUR	FRI	SAT	
DATE					1-14			TOTAL
TRANSPORTATION								
(Attach receipts)								
LODGING					1			
Attach receipts)					 			
MEALS								
Breakfast					<u> </u>			2
Lunch					26.16	,		26.16
					12000			
Dinner		1						
REGISTRATION								·
(Attach receipts)								
OTHER EXPENSES					1			
(Itemize on reverse side)			L					
DAULYTOTAL				1	26.16			
DAILY TOTAL		1	<u> </u>					
SCHEDULE B - MILEA	GE ALLOV	VANCE (Iter	nize on reve	erse side)				
TOTAL AMOUNT CLAIMED (Schedules A and B combined)								26.16
I certify that this claim is a true record of expenses incurred on official business for the								oproval Recommended
City of Riverside during the at	ove period.		a 1					1 1 YEV
		<i></i>	/ 1)		000		1 (\/	ma Charl
2-1-10	U.C.	uss C	rack tokke			Two chad		
Date Submitted	Signature Class				Classificatio	assification Department Head		
Less			Net Amount I			Due or		
Amount of 26.1	6	Advance	<i>ا</i> ۔	<u> </u>		(Returned)		26.16
Claim	L.b. L. Jose // Demuired							
General Ledger			Job Ledger (If Required)				Worl	1
GL Key	Oh	ject	JL Key		Object		Orde	
		1200						26 · 16
3145400	- 4-		 					
			 					
	ļ		 				+	
	<u> </u>		1					
				-1	Date		City Manage	er Date
Audited by: Date			I HIGHOO DII GOLGI			(REQUIRED		
Finance Department			Approved fo	r Payment			7	

SPECIAL INSTRUCTIONS:

- Submit this form completed in detail to Finance Director for audit.
 Unused cash advances must be receipted by Department. Attach copy of receipt or note receipt number below.
- 2. Upon audit and approval for payment, reimbursement will be included on biweekly payroll check as a non-taxable item.

 3. All other expenses shown above must be itemized in detail in order to qualify for reimbursement.
- 4. Any expenses paid for guests must have additional information provided on Page 2 of this form.



No ghbornese Grill & Bai

APPLEBEE'S NEIGHBORHOOD GRILL & BAR 3820 Mulberry Riverside, CA 92507 951-369-7447

LOREN J TB#86 DATE: 01-14-10 TIME: 01:20 PM GUESTS: 2

CARD TYPE: AMEX
CARD NUMBER: *******1009
APPROVAL CODE: 527397
Merchant ID: 95715

rans Type: Auth

Amount:

Tip:

Total:

Cardmember agrees to pay total in accordance with agreement governing use of such card.

Consider Method