

**CLAIM AGAINST PIMA COUNTY, ARIZONA
BY MEMBER OF THE BOARD OF SUPERVISORS**

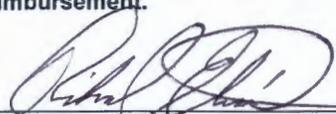
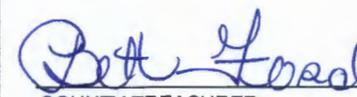
VOUCHER #

The following claim is presented in compliance with A.R.S. §11-626*

This form is to be used for reimbursement to a member of the Board of Supervisors for mileage, travel, petty cash expenditure or other authorized out-of-pocket expenditures incurred in the conduct of County business. Receipts must be attached when applicable.

(1) NAME: Ray Carroll	(2) DELIVERY INSTRUCTIONS: Call Paula Maxwell for Pick up 724-8094
(3) DESCRIPTION/USE: Travel Advance Request for trip to Hermosillo, Mexico November 5-8, 2014	

(4) INVOICE LINE AMOUNT	(5) INVOICE NUMBER	(6) INVOICE DATE	(7) FUND	(8) ACCOUNT NUMBER	(9) CENTER	(10) INVOICE GROSS
\$ 429.00	10/28/2014	10/28/2014	1000	5141	0024	\$ 429.00

<p>(11) SUPERVISOR CERTIFICATION:</p> <p>I have examined this demand; expenditure is for a valid purpose and funds have been appropriated or are otherwise available for payment of this demand; and if the funds are from a grant, contract or other funding source, this demand is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby requested.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ SIGNATURE OF SUPERVISOR </div> <div style="text-align: center;"> 10/28/14 _____ DATE </div> </div>	<p>(12) APPROVALS:</p> <p>I have reviewed the expenses for this action and find them to be satisfactory for reimbursement.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ MEMBER BOARD OF SUPERVISORS </div> <div style="text-align: center;"> 10/28/2014 _____ DATE </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ COUNTY TREASURER </div> <div style="text-align: center;"> 10/29/14 _____ DATE </div> </div>
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A.R.S. §11-626, Claims by Supervisors: "A claim against the county presented by a member of the board of supervisors shall be verified as other claims, and shall bear the written approval of at least one member of the board other than the claimant, and of the county treasurer".

FOR FINANCE DEPARTMENT USE ONLY: AUDIT DATE _____ AUDITED BY _____ APPROVED BY _____ DUE DATE _____ VENDOR # _____

PIMA COUNTY
TRAVEL ADVANCEMENT

Traveler's Name:	Ray Carroll	Destination:	Hermosillo, Mexico
Vendor Number:	101049	Purpose:	Hermosillo Office Opening
Department Name:	Board of Supervisors - District 4	Departure Date/Time:	Wednesday, November 5, 2014 / 7 a.m.
		Return Date/Time:	Saturday, November 8, 2014 / 5 p.m.

Travel Expenditures Itemized Per Day

Date	Registration	Transportation	Mileage Expense (Mileage x Rate)	Lodging	Per Diem	Other	Line Total
November 5, 2014					39.00		39.00
November 6, 2014				98.00	39.00		137.00
November 7, 2014				75.00	39.00		114.00
November 8, 2014				100.00	39.00		139.00
Total Allowable Expense:							\$429.00

Advances/Prepaid Expenses

Type Of Expense	Document Type	Document Number	Amount	Prepaid Payee	Line Total
Registration:					0.00
Transportation:					0.00
Lodging:					0.00
Per Diem:					0.00
Other:					0.00
Total Advances/Pre-Paid Expenses					\$0.00

Amount Due Employee: _____

Travel Payment No.: _____ Date _____

Amount Due Pima County: _____

Cash Receipt No.: _____ Date _____

I hereby certify that the above travel was completed in the performance of official duties, that the information given above is true in all respects, and that no travel payment (TP) document has before been made for any part thereof, and that i am not indebted to Pima County in any manner.

Ray Carroll

Traveler's Signature

10/28/14

October 27, 2014

Date

PERMISSION TO TRAVEL TO MEXICO

*Note: Receipts must be attached for Lodging, Transportation, and Miscellaneous expenses.