



County of San Diego Mileage Report for Reimbursement for Use of Private Conveyance

INSTRUCTIONS: Please complete the form in its entirety, sign the bottom and email to your supervisor for approval.

Employee Information

Name: Employee ID: Job Title:
(Last) (First)

Location Information

Office Headquarters: Department:
Home Address:

+	Date	Time	Actual Starting Point (Enter "Home" if traveling from Home Address)	Odometer	Total	Purpose for the Trip Remarks
	Depart	Arrive	Final Destination	Begin	Miles	
	12/11/2023	01:15 PM	Home	129,881	135	National Citizen Redistricting Commissioners Conference
		4:40 PM	1000 N. Alameda St. Los Angeles, CA 90012	130,016		
	12/12/2023	07:15 PM	1000 N. Alameda St. Los Angeles, CA 90012	130,016	135	National Citizen Redistricting Commissioners Conference
		10:05 PM	Home	130,151		
					0	
					0	

Total Miles Reported Reporting Period

THE UNDERSIGNED STATES:

I declare under penalty of perjury that the foregoing is true and correct; that no part thereof has been heretofore paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

I have a current valid California Driver's License.

I have in force current minimum insurance for liability and property damage as specified by the State of California.

(Date) (Signature of Claimant)

Email Form

FOR APPROVING AUTHORITY USE ONLY:

☒ Report Approved in Full ☐ Report Disallowed

(Print Name & Title)

(Date) (Signature of Approving Authority)

Kawada Hotel

200 South Hill Street
Los Angeles, CA 90012
213-621-4455
www.Kawadahotel.com

Page 1 of 1

TAX ID:

David Bame

Room	Folio	CheckIn	CheckOut	Balance
433	218557	12/11/2023	12/12/2023	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
12/11/2023	433	Visa/Mastercard - [REDACTED]	0.00	209.93	-209.93
12/11/2023	433	Valet Parking	40.00	0.00	-169.93
12/11/2023	433	Room Taxable	169.93	0.00	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales	181.36		
		Room Bed Tax - 14%	20.30		
		Facility Fee - 1%	1.45		
		Parking Tax - 10%	3.64		
		TMD Tax - 2%	2.90		
		Ca Assessment - 0.195%	0.28		

LF
12/12/2023 07:48 AM

Thank you for staying with us!

COUNTY OF SAN DIEGO OUT-OF-COUNTY TRAVEL REIMBURSEMENT

54. Dept # (Optional)

Payee and Preparer Information Section

1. Traveler or Payee	Kenneth Inman	8. Was the trip specifically approved by the Board of Supervisors as a Part of Annual Travel Program?	
2. Title of Traveler	IRC Commissioner	9. If "NO" on #8 provide board approval authority	
3. Department	Independent Redistricting Commission	10. Preparer	Maria Nepomuceno
4. Division		11. Preparer Mail Stop	A45
5. Supplier No.	4100019	12. Phone No.	619-531-5430
6. Traveler Mail Stop			
7. Supplier Site			

** If answer is "YES" on #9 complete From AUD 115, TR-2

Trip Information Section

13. Purpose of County Business	Attend the National Citizen Redistricting Commissioners Conference	16. Meeting Dates	12/11/23 - 12/12/23
14. Destination	Los Angeles, CA 10/01/23 - 10/31/23	17. Actual Departure Date	11-Dec-2023
15. Mode of Travel	Air Travel <input type="checkbox"/> Co. Auto <input type="checkbox"/> Rental Auto <input type="checkbox"/>	18. Actual Departure Time	
Private Auto	YES <input checked="" type="checkbox"/> Other (explain)	19. Actual Return Date	12-Dec-2023
		20. Actual Return Time	

Actual Costs (to be completed by department)

21. Date	12/11/2023	12/12/2023				Reserved***	Totals
22. Breakfast	17					-	
23. Lunch	18					-	
24. Dinner	34					-	
25. Incidentals	5					-	
26. OR FULL DAY	74					-	
27. Lodging	183	145.00				-	145.00
28. Room Tax		24.93				-	24.93
29. Lodging-county	183					-	
30. Registration (Traveler)							Not Applicable
31. Registration (P-Card or Direct Pay)							
32. Airfare (COUNTY TRAVEL PCARD)							
33. Car Rental (COUNTY TRAVEL PCARD)						-	
34. Car Storage						-	
35. Transportation Other							
Specify (1)						-	
(2)						-	
36. Other Expenses							
Specify (1)						-	
(2)						-	
37. Totals		169.93	-	-	-	-	169.93

PROJECT	TASK	AWARD	EXP TYPE	EXP ORG	AMOUNT	38. Less COUNTY TRAVEL PCAR	\$ -
1024354	/ 002	/ 100209	/ 52608	/ 32160	/	39. Less P-Card payment	-
	/	/	/	/	/	40. Subtotal	169.93
	/	/	/	/	/	41. Less Prepayment	-
	/	/	/	/	/	Warrant #	
	/	/	/	/	/	42. Amount Claimed****	169.93
	/	/	/	/	/	OR	
	/	/	/	/	/	43. Refund due County****	0
			44. Total Distributions:		169.93		

*** Column reserved for travel more than 5 days, use the worksheet "Use if travel more than 5 days"

**** Claims of less than \$100.00 shall be paid out of Petty Cash if available.

***** Refund due County must be deposited in Exp Type 52629

If there IS a prepayment and amount claimed on #42 is less than \$100 will it paid through Petty Cash? (Yes/No)

If there IS NO prepayment and amount claimed on #42 is less than \$100, will it paid through Petty Cash? (Yes/No)

45. Invoice Date	11-Dec-2023	49. Description	Attend the National Citizen Redistricting Commissioners Conference
46. Invoice Number	COBKXI11DEC2023	50. Handling Instructions (for paperclip in Oracle):	
47. Invoice Amount	169.93		
48. Authority Code	AC471A&C		

51. Remarks/Justification Statement - Unusual Cost: (472.1 ADMIN CODE & 0200-1 ADMIN MANUAL)

No registration cost

APPROVED:

CAO or Asst. CAO or Designee

PRINT NAME:

52. Traveler's signature

I HEREBY CERTIFY that the above claim is true and correct, that no part of this claim has been paid (unless travel expenses were advanced), that the claimed amount is justly due, and that this claim was presented within one year of the last date of the subject travel.

SIGNED

Kenneth Inman

DATE

1-5-24

53. Department Approval Signature

I HEREBY CERTIFY that I directed the travel described in this claim for the benefit of my department, that I am authorized to direct such travel, and that the claimant was an officer, employee or agent of my department at the time that the subject travel occurred.

SIGNED Ryan Sharp

Digitally signed by Ryan Sharp
Date: 2024.01.05 16:34:27 -0800

PRINT NAME

Ryan Sharp

TITLE

Asst. Clerk of the Board

DATE

ADM CODE 470 TO 484, ARTICLE V-A

ORCAP024 Rev 10/12

C I A I M F O R M

Kawada Hotel
 200 South Hill Street
 Los Angeles, CA 90012
 213-621-4455
 www.Kawadahotel.com

Kenneth Inman

TAX ID:

233	218552	12/11/2023	12/12/2023	0.00
Master Folio				

12/11/2023	233	Visa/Mastercard - ...	0.00	169.93	-169.93
12/11/2023	233	Room Taxable	169.93	0.00	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales	145.00		
		Room Bed Tax - 14%	20.30		
		Facility Fee - 1%	1.45		
		TMD Tax - 2%	2.90		
		Ca Assessment - 0.195%	0.28		

COB MENIS FEB 2024 TR

COUNTY OF SAN DIEGO OUT-OF-COUNTY TRAVEL REIMBURSEMENT

54. Dept # (Optional)

Payee and Preparer Information Section

1. Traveler or Payee	C Rosette Garcia	8. Was the trip specifically approved by the Board of Supervisors as a Part of Annual Travel Program?	
2. Title of Traveler	IRC Commissioner	9. If "NO" on #8 provide board approval authority	
3. Department	Independent Redistricting Commission	9. Is any part or all of the expenses claimed herein reimbursable to you or recoverable by the County from any source, either private or public?	
4. Division		10. Preparer	Maria Nepomuceno
5. Supplier No.	3627952	11. Preparer Mail Stop	A45
7. Supplier Site		12. Phone No.	619-531-5430

** If answer is "YES" on #9 complete Form AUD 115, TR-2

Trip Information Section

13. Purpose of County Business	Attend the National Citizen Redistricting Commissioners Conference	16. Meeting Dates	12/11/23 - 12/12/23
14. Destination	Los Angeles, CA 10/01/23 - 10/31/23	17. Actual Departure Date	11-Dec-2023
15. Mode of Travel	Air Travel <input type="checkbox"/> Co. Auto <input type="checkbox"/> Rental Auto <input type="checkbox"/> Private Auto <input checked="" type="checkbox"/> Other (explain)	18. Actual Departure Time	12:00 PM
		19. Actual Return Date	12-Dec-2023
		20. Actual Return Time	9:30 PM

Actual Costs (to be completed by department)

21. Date	12/11/2023	12/12/2023			Reserved***	Totals
22. Breakfast	17				-	
23. Lunch	18				-	
24. Dinner	34				-	
25. Incidentals	5				-	
26. OR FULL DAY	74				-	
27. Lodging	183	145.00			-	145.00
28. Room Tax		24.93			-	24.93
29. Lodging-COUNTY	183				-	
30. Registration (Traveler)						Not Applicable
31. Registration (P-Card or Direct Pay)						
32. Airfare (COUNTY TRAVEL PCARD)					-	
33. Car Rental (COUNTY TRAVEL PCARD)					-	
34. Car Storage					-	
35. Transportation Other						
Specify (1)	Parking	10.00			-	10.00
(2)	Mileage	133.62			-	133.62
36. Other Expenses						
Specify (1)					-	
(2)					-	
37. Totals		313.55	-	-	-	313.55

PROJECT	TASK	AWARD	EXP TYPE	EXP ORG	AMOUNT	38. Less COUNTY TRAVEL PCAR	\$
1024354	002	100209	52608	32160		39. Less P-Card payment	-
						40. Subtotal	313.55
						41. Less Prepayment	-
						Warrant #	
						42. Amount Claimed	313.55
						OR	
						43. Refund due County	0
						44. Total Distributions:	313.55

*** Column reserved for travel more than 5 days, use the worksheet "Use if travel more than 5 days"

**** Claims of less than \$100.00 shall be paid out of Petty Cash if available.

***** Refund due County must be deposited in Exp Type 52629

If there IS a prepayment and amount claimed on #42 is less than \$100 will it be paid through Petty Cash? (Yes/No)

If there IS NO prepayment and amount claimed on #42 is less than \$100, will it be paid through Petty Cash? (Yes/No)

45. Invoice Date	11-Dec-2023	49. Description	Attend the National Citizen Redistricting Commissioners Conference
46. Invoice Number	COBCRG11DEC2023	50. Handling Instructions (for paperclip in Oracle):	
47. Invoice Amount	313.55		
48. Authority Code	AC471A&C		

51. Remarks/Justification Statement - Unusual Cost: (472.1 ADMIN CODE & 0200-1 ADMIN MANUAL)

APPROVED:	CAO or Asst. CAO or Designee
PRINT NAME	

52. Traveler's signature

I HEREBY CERTIFY that the above claim is true and correct, that no part of this claim has been paid (unless travel expenses were advanced), that the claimed amount is justly due, and that this claim was presented within one year of the last date of the subject travel.

SIGNED

C Rosette Garcia

DATE

01 Feb 2024

53. Department Approval Signature

I HEREBY CERTIFY that I directed the travel described in this claim for the benefit of my department, that I am authorized to direct such travel, and that the claimant was an officer, employee or agent of my department at the time that the subject travel occurred.

SIGNED

PRINT NAME Ryan Sharp

TITLE Assistant COB

DATE 2/14/24

ADM CODE 470 TO 484, ARTICLE V-A

ORCAP024 Rev 10/12

CI AI MFORM



County of San Diego Mileage Report for Reimbursement for Use of Private Conveyance

INSTRUCTIONS: Please complete the form in its entirety, sign the bottom and email to your supervisor for approval.

Employee Information

Name: Garcia C Rosette Employee ID: N/A Job Title: IRC Commissioner
(Last) (First)

Location Information

Office Headquarters: N/A Department: Clerk of the Board

Home Address: [REDACTED]

Date	Time	Actual Starting Point (Enter "Home" if traveling from Home Address)	Odometer	Total	Purpose for the Trip Remark
	Depart Arrive		Begin End	Miles for Trip	
12/11/23	12:00 PM	Home	6,485	102 mi	National Citizens Redistricting Commissioners Conference
	2:15 PM	1000 N Alameda St. Los Angeles, CA 90012	6,587	0	
12/12/23	7:00 PM	1000 N Alameda St. Los Angeles, CA 90012	6,587	102 mi	National Citizens Redistricting Commissioners Conference
	9:20 PM	Home	6,689	0	
				0	
				0	

Total Miles Reported: 204 mi Reporting Period:

THE UNDERSIGNED STATES:

I declare under penalty of perjury that the foregoing is true and correct, that no part thereof has been heretofore paid, that the amount herein is justly due, and that the same is presented within one year after the last item thereof has occurred.

I have a current valid California Driver's License.

I have in force current minimum insurance for liability and property damage as specified by the State of California.

2/10/24

(Date)

Carmen Rosette Garcia
(Signature of Claimant)

Email Form

FOR APPROVING AUTHORITY USE ONLY.

☒ Report Approved in Full ☐ Report Disallowed

Ryan Sharp, Assistant COB
(Print Name & Title)

2/14/24

(Date)

[Signature]
(Signature of Approving Authority)

Kawada Hotel
200 South Hill Street
Los Angeles, CA 90012
213-621-4455
www.Kawadahotel.com

Page 1 of 1

TAX ID:

Rosette Garcia

Room	Folio	CheckIn	CheckOut	Balance
228	218536	12/11/2023	12/12/2023	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
12/11/2023	228	Visa/Mastercard - [REDACTED]	0.00	169.93	-169.93
12/11/2023	228	Room Taxable	169.93	0.00	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales	145.00		
		Room Bed Tax - 14%	20.30		
		Facility Fee - 1%	1.45		
		TMD Tax - 2%	2.90		
		Ca Assessment - 0.195%	0.28		

TIMES FACILITY
RECEIPT A12

ENTRY TIME:
12/11/23 12:18
EXIT TIME:
12/12/23 08:09
PARK-DUR.: HRS:MIN
0:19:51

AMOUNT:
USD 10.00

KIND OF PAYMENT:
VISA
XXXXXXXXXXXX [REDACTED]
XXXXX

REF. 39

THANK YOU FOR YOUR
VISIT

CLAIM FORM

Kawada Hotel

200 South Hill Street
Los Angeles, CA 90012

213-621-4455

www.Kawadahotel.com

Page 1 of 1

TAX ID:

Sonia Diaz

318	218564	12/11/2023	12/12/2023	0.00
Master Folio				

12/11/2023	318	American Express -	0.00	169.93	-169.93
12/11/2023	318	Room Taxable	169.93	0.00	0.00
		Balance Due			0.00
Summary and Taxes					
		Taxable Sales	145.00		
		Room Bed Tax - 14%	20.30		
		Facility Fee - 1%	1.45		
		TMD Tax - 2%	2.90		
		Ca Assessment - 0.195%	0.28		



County of San Diego

Mileage Report for Reimbursement for Use of Private Conveyance

INSTRUCTIONS: Please complete the form in its entirety, sign the bottom and email to your supervisor for approval.

Employee Information

Name: Employee ID: Job Title: (Last) (First)

Location Information

Office Headquarters: Department:
Home Address:

+	Date	Time Depart Arrive	Actual Starting Point (Enter "Home" if traveling from Home Address) Final Destination	Odometer Begin End	Total Miles for Trip	Purpose for the Trip Remarks
	12/11/2023	5:00pm	Home	80,744	118	National Citizen Redistricting Commissioners Conference
		8:10pm	California Endowment Conference Center, 1000 N Alamea	80,862		
	12/12/2023	10 am	California Endowment Conference Center, 1000 N Alamea	80,862	118	National Citizen Redistricting Commissioners Conference - Returning Home
		1pm	Home	80,980		
					0	
					0	

Total Miles Reported Reporting Period

THE UNDERSIGNED STATES:

I declare under penalty of perjury that the foregoing is true and correct; that no part thereof has been heretofore paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

I have a current valid California Driver's License.

I have in force current minimum insurance for liability and property damage as specified by the State of California.

(Date)

Sonia Diaz
(Signature of Claimant)

Digitally signed by Sonia Diaz
Date: 2023.12.21 20:04:30 -08'00'

Email Form

FOR APPROVING AUTHORITY USE ONLY:

☒ Report Approved in Full ☐ Report Disallowed

Ryan Sharp, Assistant Clerk of the Board of Supervisors

(Print Name & Title)

(Date)

Ryan Sharp

(Signature of Approving Authority)

Digitally signed by Ryan Sharp
Date: 2024.01.12 10:00:18 -08'00'

TIMES FACN
RECEIPT A12

ENTRY TIME:
12/11/23 20:00

EXIT TIME:
12/13/23 11:23

PARK-DUR.: HRS:MIN
1:15:23

AMOUNT:
USD 20.00

KIND OF PAYMENT:
CREDITCARD AE
XXXXXXXXXX
XXXXXX

REF. 81

THANK YOU FOR OUR
VISIT

**claiming for \$10 only*

** Stayed extra night, did not want to drive home late at night on 12/12/23.*



Invoice Ci277

To:
County of San Diego

Address:
5560 Overland Avenue, Suite 270
92123 San Diego
CA
United States

Date: October 18, 2023

Issued by:
Accent on Languages, Inc.
Nestor Guzman
nestor@accentonlanguages.com
<https://accentonlanguages.com/>

Address:
2718 Telegraph Avenue, Suite 104
94705 Berkeley
CA
United States

#	PO number	Project name	File	Service	Delivery date	Language pair	Unit	Price (USD)	Total (USD)
1	10740	10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - ar	300 Word	0.27	81.00
2		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - zh-Hant	300 Word	0.18	54.00
3		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - ja	300 Word	0.22	66.00
4		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - ko	300 Word	0.25	75.00
5		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - lo	300 Word	0.18	54.00
6		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - es	300 Word	0.18	54.00
7		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - tl	300 Word	0.27	81.00
8		10740	2023-10-19 IRC Special Meeting Agenda_no boilerplate.docx	Translation Services	October 18, 2023	en-US - vi	300 Word	0.26	78.00

Total: 543.00 USD

Payment due date: November 17, 2023

Payment method: Check

For more information about the invoiced items, please consult the attached SAF form and the corresponding quarterly reports.

COUNTY CONTRACT NUMBER 565412
AGREEMENT WITH ACCENT ON LANGUAGES, INC. FOR
AS NEEDED WRITTEN TRANSLATION SERVICES

I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medical.ca.gov).

Caroline Lee

Caroline Lee, CEO
Accent on Languages, Inc.

We appreciate your business and look forward to helping you again.