COUNTY OF SAN DIEGO OUT-OF-COUNTY TRAVEL REIMBURSEMENT

54. Dept # (Optional)

Payee and Preparer Info	ormation Secti	on					on Bopt if (O)	
1, Traveler or Payee	David Bame	011			In Was the tr	p specifically approve	ad by the Board of	
2. Title of Traveler	RC Commiss	ioner				is a Part of Annual Tr		
3. Department	David Barne			***************************************		provide hoard anger		T-1
	Save dame				Ta. is any part	or all of the expenses	damed herein	
4. Division					reimbursable	to you or recoverable		m any
5. Supplier No.	3980052	6. T	raveler Mail Sto	p l		private or public7**		
7. Supplier Site	Confidential				10. Prepa		Maria Nepom	uceno
l					11. Prepa	rer Mail Stop	A45	
* If answer is "YES" on #9 comp	plete From AUD 1	15, TR-2			12. Phone	No.	519-531-5430	
Trip Information Section								7 30 30
		Attend Na	ational Citizen R	edistricting	16. Meetir	ng Dates	12/11/23	1-12/12/23
13, Purpose of County B	usiness		missioners Conf			Departure Date		11-Dec-2023
14. Destination	Los Angeles	CA 10/01/23 -				Departure Time		1:15 PM
15. Mode of Travel	Air Travel	Co. Auto		ıto T	_	Return Date	· -	12-Dec-2023
Private Auto		Other (explain)				Return Time	- t-	10:05 PM
1 iivate Auto	11201							TUUS PM
				e completed b	y department		TE	
21. Date		12/11/2023	12/12/2023				Reserved**	Lotals
22. Breakfast	17 0						-	
23. Lunch	18 🖁	18.00	100,000					18.00
24. Dinner	34		34.00					34.00
25. Incidentals	5 8							
26. OR FULL DAY	74 20							
27. Lodging	183	145.00			1	The Market State of the State o		145.00
28. Room Tax	-411	24.93			P			24.93
29. Lodging-county	183 TRVL PCA						-	
30. Registration (Travele								Not Applicable
31, Registration (P-Card o	r Direct Pavl					Company and the Company		
32. Airfare (COUNTY TRAVE								
33. Car Rental (COUNTY TE								
	CAVEL POARD)		_					
34. Car Storage							-	
35. Transportation Other			40.00			_	-	10.00
Specify (1)	Parking		40.00				<u> </u>	40.00
(2)	Mileage		178.85				<u> </u>	176.85
36. Other Expenses								
Specify (1)								
(2)								
37. Totals		187.93	250.85			-		438.78
PROJECT TAS	K AWA	RD EXP	TYPE EXP	ORG	AMOUNT	38. Less COL	JNTY TRAVEL	PCAR \$ -
1024354 / 0	02 / 10	00209 / 5	52608 /	32160 /		39. Less P-C	ard payment	
				,		40. Subtotal	, ,	438.78
				 ,		41, Less Pre	payment	-
				 ;	-	Warrant #		438.78
8 c 			44 Total	Distributions:	438,78	42. Amount (430.70
l				Distributions.		OR		
1							ue County****	• 0
						40. Iterana a	ac oounty	
** Column reserved for travel m	iore than 5 days, u	ise the worksheet				chairmed on #42 i	s less than \$10	, L
ravel more than 5 days"	م د فاد د د الداد	-6 O-4 - Ob - 1		It paid through P				
*** Claims of less than \$100.00		•				nd claimed on #4:	2 is less than	
**** Refund due County must be	e deposited in Exp	1 ype 32629	5100), will it paid thro	ugn Putty Cash	/ (Tes/No)		
45. Invoice Date	1.	11	-Dec-2023	49. Description				
46. Invoice Number					Citizen Redis	tricting Commis	sioners Confe	rence
47. Invoice Amount						paperdip in Ora		
48. Authority Code		Α	C 470	oo. Hawaiii g III		porosip in Ole		
		100	The state of the s	4 4514111 14441			-	
51. Remarks/Justification Sta	mement - Unusual	Cost (4/2.1 ADM	IN CODE & 0300-	Philippin Co., Co., Co., Co., Co., Co., Co., Co.,				
No registration cost					APPROVED:	CAO es A est Cao	Peele	
INO TEGISTIATION COST						CAO or Assi, CAO or	Designee	
					PRINT NAME			
52 Traveler Formeton	•			E2 D	andment As	oval Cianatura	***************************************	
52. Traveler & signature		nd named that are	et ad this above to a t			oval Signature		for the heart's at an
I HEREBY CERTIFY that the a paid (unless travel expenses of						irected the travel des		for the benetit of my laimant was an officer,
claim was presented within on					or agent of my de	partition at the me t	hat the subject trav	el occurred.
SIGNED	sect wo					111		v.co.v. 5.5 = 0.0 = =40
	7			SIGN				
David 6	ame				ME Ryan Sha			e di iza
DATE/	14/24					erk of the Bo		E 110124
	139				A	DM CODE 470 TO 48	M. ARTICLE V-A	

CI AI MECRIV



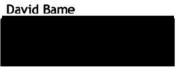
County of San Diego Mileage Report for Reimbursement for Use of Private Conveyance

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

Emplo	ovee Infor	mation		and the same of th				
Name:	Bame			David	Employee ID:	N/A	Job Title	e: IRC Commissioner
	(Last)			(Firet)	,		· _	
Locati	ion Inform	ation						
Office	Headquart	ers: N/A				Departm	ent: Cleri	k of the Board
Home	Address:							500 MM
+ 0.	ate	Time Depart Ārrive	Actual Starting Po	Nint (Enter "Home" if traveling from Home	Odometer Address Begin End	Total Miles for Trip	Purpose fo	r the Trip Remarks
12	2/11/2023	01:15 PM	Home		129,881	135	National C Conference	itizen Redistricting Commissioners e
		4:40 PM	1000 N. Alameda	St. Los Angeles, CA 90012	130,016			
12	2/12/2023	07:15 PM	1000 N. Alameda	St. Los Angeles, CA 90012	130,016	135	National C Conference	itizen Redistricting Commissioners e
		10:05 PM	Home		130,151			
						0		
						0		
					Total Miles Reported		eporting eriod	
THE UN	IDERSIGNED	STATES:			FOR APPROVING A	UTHORIT	Y USE ONL	.Y:
thereof is prese	has been here nted within on	etofore paid, ti	nat the amount there he last item thereof h	is true and correct; that no part in is justly due, and that the same as accrued,	Report	t Approve	d in Full	Report Disallowed
I have it	n force curren	t minimum ins		and property damage as specified	Ryan Sharp	Accieta	nt Clark of	the Roard
by the S	Stete of Califor	nia.	/-		(Print Name & Title		R CIEIK OI	ille Board
11/	14/24	25.	-0-		Hieley	ļĺ	//	7//
(Date)	1	(Signatu	re o(Claimant)		(Date)	(Sig	Haturetor A	perovipa Authority)
				Email Form				\mathcal{N}

Kawada Hotel

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



TAX ID:

Room	Folio	Checkin	CheckOut	Balance
433	218557	12/11/2023	12/12/2023	0.00
Maste	er Folio			

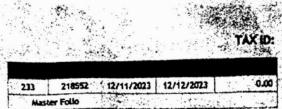
ate	Room	Description / Voucher		Charges	Credits	Balance
2/11/2023	433	Visa/Mastercard		0.00	209.93	-209.9
2/11/2023	433	Valet Parking	k	40.00	0.00	-169.9
2/11/2023	433	Room Taxable		169.93	0.00	0.0
		Balance Due			-500	0.00
		Summary and Taxes				
		Taxable Sales	181.36			
		Room Bed Tax - 14%	20.30			
		Facility Fee - 1%	1.45			
		Parking Tax - 10%	3.64			
		TMD Tax - 2%	2.90			
		Ca Assessment - 0.195%	0.28	1		
		v.				
	.,	1				

COUNTY OF SAN DIEGO OUT-OF-COUNTY TRAVEL REIMBURSEMENT 54. Dept # (Optional)

Payee and Preparer Int	formation Secti	on						
1. Traveler or Payee	Kenneth Inma				8. Was the tr	rip specifically approv	ed by the Board of	1
2. Title of Traveler	IRC Commiss	sioner			Supervisors	as a Part of Annual T	ravel Program?*	
3. Department	Independent F	Redistricting Cor	mmission			8 provide board appre		
4. Division						or all of the expense to you or recoverable		
5. Supplier No.	4100019	6.7	raveler Mail Sto	р		er private or public?**	e by the County from	any
7. Supplier Site					10. Prepa		Maria Nepomuo	ceno
						arer Mail Stop	A45	
** If answer is "YES" on #9 com	plete From AUD 1	15, TR-2			12. Phone		619-531-5430	
Trip Information Section		18					-	Name and Address of the Owner, where
5 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	41.JVI	Attend the	National Citizen	Redistricting	16. Meeti	ng Dates	12/11/23 -	12/12/23
13. Purpose of County E	Business	Total of average production	missioners Con	The Brook of the second of the second of the second		Departure Date		11-Dec-2023
14. Destination	Los Angeles,	CA 10/01/23 -	10/31/23		18. Actua	I Departure Time	e	
15. Mode of Travel	Air Travel	Co. Auto	Rental Au	.to	19. Actua	I Return Date		12-Dec-2023
Private Auto	YES	Other (explain)			20. Actua	I Return Time		
		Ac	tual Costs (to b	e completed b	v departmen	t)		
21. Date		12/11/2023	12/12/2023				Reserved***	Totals
22. Breakfast	17						2	
23. Lunch	18 8							
24. Dinner	34 De 5						-	
25, Incidentals							- 1	
26. OR FULL DAY	74 2							
27. Lodging	183 🥳	145.00					-	145.00
28. Room Tax	405 1	24,93					-	24.93
29. Lodging-county	183 TRVL PCAF						-	AL . A . E . I
 Registration (Travelege) Registration (P-Card 								Not Applicable
32. Airfare (COUNTY TRAV	The Charles of the Control of the Co							S
33. Car Rental (COUNTY)							-	
34. Car Storage	TAVEL FOARD)							
35. Transportation Othe	r							
Specify (1)							_	
(2)							-	
36. Other Expenses								
Specify (1)								
(2)								
37. Totals		169.93	-		-	-	-	169.93
PROJECT TAS	SK AWA	RD EX	P TYPE EXI	ORG	AMOUNT	38. Less CO	UNTY TRAVEL	PCAR \$ -
1024354 /	002 / 1	00209 /	52608 /	32160 /		39. Less P-C	ard payment	
1	1		1	1		40. Subtotal		169.93
1	1	1		1		41. Less Pre	payment	
	1		/	1		Warrant #		
			44. Total	Distributions:	169.93	42. Amount		169.93
P.						OR		•
						43. Refund d	ue County****	0
concer a saint w	100 100 0		are to James			La la laca	The Table	
"" Column reserved for travel r	more than 5 days, i	use the worksheet				t claimed on #42 i	s less than \$100	
travel more than 5 days" **** Claims of less than \$100.0	O shall be esid at	of Datty Cook if as	10 and 10	it paid through P	and the same of th	The state of the s		
***** Refund due County must I			PROPERTY AND STREET	ere is NO prepa)), will it paid thro		unt claimed on #4	2 is less than	
	20 DOPOGREG III CA					. (Teamo)		-
45. Invoice Date			1-Dec-2023	49. Description				
46. Invoice Number 47. Invoice Amount		COBKXI1				Redistricting Com		rerence
			169.93	50. Handling in	structions (for	paperclip in Ora	iciej:	
48. Authority Code			AC471A&C					
51, Remarks/Justification S	tatement - Unusual	Cost: (472,1 ADN	IIN CODE & 0200-	1 ADMIN MANUA				
					APPROVED:	CAO or Asst, CAO or	Decinnee	
No registration of	ost				PRINT NAME	CAC OF ASSI, CAC OF	Designes	
								-
52. Traveler's signatu	re			53. De	partment Appr	roval Signature		
I HEREBY CERTIFY that the		and the second s		en I HEREB	Y CERTIFY that I d	directed the travel des		2.327
paid (unless travel expenses				ACTURAL DESIGNATION OF THE PROPERTY OF THE PRO	and a second of the seal of the second of th	rized to direct such tra		
claim was presented within	ne year of the las, da	e di l'e subjectitate	d.		NED Ryan SI	partment at the time t	lly signed by Ryan Sharp	
SIGNED		015			The said of the sa		2024.01.05 16:34:27 -08'00	
	th Inman	11		PRINT NA			DATE	
DATE	-5-2					erk of the Board	DATE	
					Α	ADM CODE 470 TO 4	4, ARTICLE V-A	

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

Kenneth Inman



12/11/2023	233 233	Visa/Mastercard Room Taxable Balance Due			0.00 1 69 .93	169.93 0.00	**	-169.93 0.00 0.00
		Summary and Taxes Taxable Sales Room Bed Tax - 1-0% Facility Fee - 1% TMD Tax - 2% Ca Assessment - 0.195%		145.00 20.30 1.45 2.90 0.28		and the second s		
1		1				i, a	- 13.	
			estagone esta e	The state of the s	and the second s			
		d oc						

11 12 7723 UT 33 AM

Thank you for staying with us!

COUNTY OF SAN DIEGO OUT-OF-COUNTY TRAVEL REIMBURSEMENT

54. Dept # (Optional)

Payee and Preparer Info	ormation Secti	on						
1. Traveler or Payee	C Rosette Ga	rcia			8. Was the tr	ip specifically approv	ed by the Board of	
2. Title of Traveler	IRC Commiss	ioner				as a Part of Annual T		
3. Department	Independent F	Redistricting Com	mission			8 provide board appr		
4. Division			6			or all of the expense to you or recoverable		anv
5. Supplier No.	3627952	6. Tr	aveler Mail Sto	P		r private or public?"	obj me county non	
7. Supplier Site					10. Prepa		Maria Nepomu	ceno
*****						rer Mail Stop	A45	
" If answer is "YES" on #9 com	plete From AUD 1	15, TR-2			12. Phone	No.	619-531-5430	
Trip Information Section								
13. Purpose of County 8	ucinace	Attend the N	lational Citizen	Redistricting	16. Meetin	ng Dates	12/11/23	- 12/12/23
15. Fulpose of County B			nissioners Conf	erence		Departure Date		11-Dec-2023
Destination	Los Angeles,				- 370	Departure Tim	e	12:00 PM
15. Mode of Travel	Air Travel	Co. Auto	Rental Au	ito		Return Date		12-Dec-2023
Private Auto	YES	Other (explain)			20. Actua	Return Time		9:30 PM
			ual Costs (to b	e completed t	y department)		
21. Date		12/11/2023	12/12/2023				Reserved***	Totals
22. Breakfast	17 0						-	
23. Lunch	18 🛱						-	
24. Dinner	34 Q						-	
25. Incidentals 26. OR FULL DAY							-	
27. Lodging	74 Ra	145.00					-	145.00
28. Room Tax	103 %	24.93					-	24.93
29. Lodging-county	183 TRVL PCAR	24.00					-	24.00
30. Registration (Travele								Not Applicable
31, Registration (P-Card o								
32. Airfare (COUNTY TRAVE								
33. Car Rental (COUNTY TO	RAVEL PCARD)			100				
34. Car Storage			100	7779			-	
35. Transportation Other		F-35-4	11.	A STATE	1, 3, 3, 3, 3, 3	M	77.3	THE COURSE OF
Specify (1)	Parking	10.00					-	10.00
(2)	Mileage	133.62					-	133.62
36. Other Expenses		No. of London					2 2/4 /2	and the second
Specify (1)								
(2)	-	242.55	-	-			-	313.55
PROJECT TAS	K AWA	313.55		ORG	AMOUNT	38 Lore CO	UNTY TRAVEL	
			2608 /	32160 /	MODIEL		ard payment	
1024554	,	, ,	1	52.100		40. Subtotal		313.55
,			<u>'</u> ,			41. Less Pre		•
	, —		1 30 3	i	-	Warrant #		
			44. Total	Distributions:	313.55	42. Amount		313.55
4					C The control of	OF		
						43. Refund o	lue County	0
*** Column reserved for travel n	nore than 5 days,	use the worksheet "				t claimed on #42	is less than \$100	
travel more than 5 days"				it paid through F				
**** Claims of less than \$100.00						unt claimed on #4	Z is less than	
***** Refund due County must b	e deposited in Ex), will it paid thro	ough Petry Cash	((lested)		
45. Invoice Date			-Dec-2023	49. Description				
46. Invoice Number		COBCRG1				ledistricting Con		nference
47. Invoice Amount			313.55	50. Handling I	nstructions (for	paperclip in Or	acie):	
48. Authority Code			C471A&C					
51. Remarks/Justification St	latement - Unusua	I Cost: (472.1 ADM	N CODE & 0200-	1 ADMIN MANU				
					APPROVED:	CAO or Assl. CAO o	r Designee	
					PRINT NAME		. July 100	
52. Traveler's signatur	re			53. De	epartment App	roval Signature		
I HEREBY CERTIFY that the	above daim is true			een I HEREE	BY CERTIFY that I	directed the travel de		
paid (unless travel expenses								aimant was an officer.
claim was presented within o	ne year of the last d	ate of the subject trave				partment at the time	mar die sobject 694	at Advantage
SIGNED	noure	107			NED	20	- 41-	
	ette Gercia	1210			AME Ryan		DAT	E aluter
DATE	11 the	104		. 1 1	ITLE Assist	ADM CODE 470 TO		2/14/24
								4 Rev 10/12



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.

Emolo	yee Infor	mation							
Name:	Garcia			CRosette		Empk	yee ID:	N/	Job Title: IRC Commissione
Locati	on inform	ation		(First)					
	Headquari	and continued to the same						Departm	ent: Clerk of the Board
Home	Address	-							
	abe	Time Depart Arrive	Actual Starting P	slink ænder "Hombe" o's	sweling from Home	Adoressi B	dometer legin ind	Yotal Miles for Trip	Purpose for the Trip Remark
1	2/11/23	12: 00 PM	Home			1	6,485		Vational Cathamiledishicting Commissioners Conference
		2:15 PM	1000 N A	lameda St. Los A	ngeles, CA 90	012	6,587	0	Contensite
	12/12/23	7:00 PM	1000 N Ala	meda St. Los Ange	les, CA 90012				Peditional Celtain Redistricting Commissioners Conference
		91.30 PM	Home				6,689	ت	
AND A									
-			and the second section of the second section is					0	
Lamina .									Company of the Compan
						Total A	EU		eportus
THEUN	DEASIGNED	STATES				FOR APP	ROVING A	HACHTE	Y USE ONLY.
thereof t	ned within or	tofore paid , the year after the	tel the Grogonsi wilde emount Pere e less item shereof h	en to juilty due and			(Haport	Approve	Sin Full Amport CisaDawed
I I dye k		Calfornia Driv Konsimum ina Mal	crares for sabilty s			R	en SY	narp,	Assistant COB
2	/10/24		Com Ros	the you)	2/14			20
(Oe/e)		(Signalui	e of Ctambrill	Email Fo		[ONIO]		হেন্	more of Addroides Authority)

Kawada Hotel

200 South Hill Street Los Angeles, CA 90012 213-621-4455 www.Kawadahotel.com Page 1 of 1

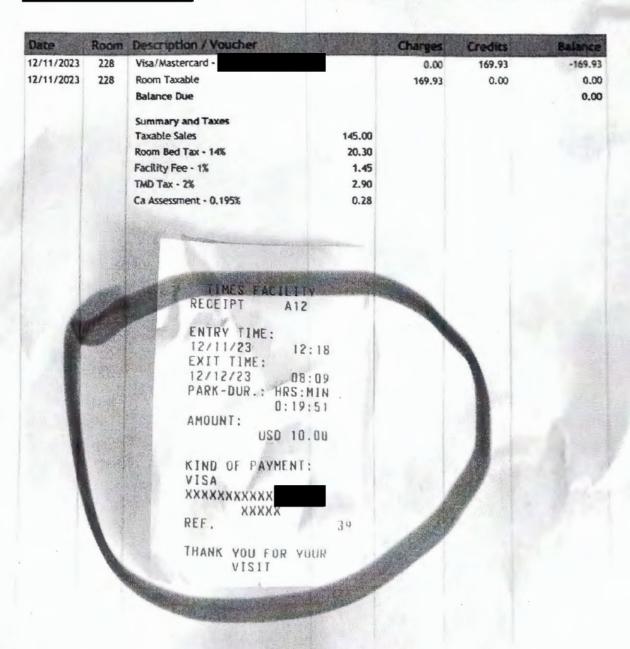
TAX ID:

 Room
 Folio
 Checkin
 CheckOut
 Balance

 228
 218536
 12/11/2023
 12/12/2023
 0.00

 Master Folio

Rosette Garcia



COUNTY OF SAN DIEGO OUT-OF-COUNTY TRAVEL REIMBURSEMENT

54. Dept # (Optional)

Daving and Dranger Int.	ormation Sacti			AVEL REIN			54. Dept # (Opt	
Payee and Preparer Info 1. Traveler or Payee	Sonia Diaz				9 340- #	in enecificative	ad by the Beerd of	
2. Title of Traveler	Sonia Diaz					ip specifically approv as a Part of Annual Ti		
3. Department	Sonia Diaz			·		8 provide board appro		
4. Division	Joina Diaz				9. Is any par	or all of the expense	s claimed herein	
	3655100	167	aveler Mail Sto	<u> </u>		to you or recoverable	by the County from	any
5. Supplier No.	Confidential	6. 11	aveier Mail Sto	Р	10. Prepa	r private or public?**	Maria Nepomu	ceno
7. Supplier Site	Confidential					rer Mail Stop	A45	CONO
** If answer is "YES" on #9 com	nlete Emm ALID 1	15 TR-2			12. Phone		619-531-5430	
	piete Fidili AOD 1	13, TR-2			12.111011		010-001-0400	
Trip Information Section		Attend Na	tional Citizen R	edistricting	T 16 Meeti	ng Dates	12/11/23	-12/12/23
13. Purpose of County B	usiness		nissioners Conf	•		I Departure Date		11-Dec-2023
14. Destination	Los Angeles,			Ciciloc		Departure Time		5:00 PM
15. Mode of Travel	Air Travel	Co. Auto	Rental Au	ıto		I Return Date		13-Dec-2024
Private Auto	YES	Other (explain)				Return Time		1:00 PM
			ual Costs (to b	e completed b	v departmen	8		
21. Date		12/11/2023	12/12/2023	12/13/2024	y acpartmen	·	Reserved***	Totals
22. Breakfast	17						-	•
23. Lunch	18 g			, ;			-	
24. Dinner	34 🖸		34.00				, .	34.00
25. Incidentals	5 ∄							
26. OR FULL DAY	74 R							
27. Lodging	183 ត្ត្	145.00				· ·		145.00
28: Room Tax	400	24.93	·					24.93
29. Lodging-county	183 TRVL PCAF						<u> </u>	Not Applicable
 Registration (Travele Registration (P-Card of 			· · · · · ·					Not Applicable
31. Registration (P-Card of 32. Airfare (COUNTY TRAVE								
33. Car Rental (COUNTY TO					:			
34. Car Storage	TOTALET GARD)						-	
35. Transportation Other	. 1		7. 4 3 1. 7			* * 1.		
Specify (1)	Parking		10.00	·			-	10.00
(2).	Mileage		154.58				·. · -	154.58
36. Other Expenses								
Specify (1)							-	I
(2)								
37. Totals		169.93	198.58		-	-	<u>-</u>	368.51
PROJECT TAS	K AWA	RD EXP	TYPE EXP	ORG	AMOUNT		UNTY TRAVEL	PCAR \$ -
1024354 / 0	002_/_1	00209 / 5	2608 /	32160 /	•		ard payment	- 300 F4
	/	/	<u>· </u>			40. Subtotal	-	368.51
	 '	 '				41. Less Pre Warrant #	• •	
	/		//////	Distributions:	368.51	42. Amount		368.51
			44. Total	Distributions:		OR		
	٠.						ue County*****	. 0
							•	
*** Column reserved for travel n	nore than 5 days	ise the worksheet "	Use if If th	ere IS a prepavm	ent and amoun	t claimed on #42	is less than \$100	
travel more than 5 days"				it paid through P				
**** Claims of less than \$100.00	shall be paid out	of Petty Cash if ava				unt claimed on #4	2 is less than	
***** Refund due County must b				0, will it paid thro	ugh Petty Cast	? (Yes/No)		
45. Invoice Date		11	-Dec-2023	49. Description	1			
46. Invoice Number		COBSVG1				stricting Commis	sioners Confere	ence
47. Invoice Amount			368.51	50. Handling Ir	structions (for	paperclip in Ora	acle):	
48. Authority Code			AC 470					
51. Remarks/Justification St	atement - Unusua	Cost: (472.1 ADM	IN CODE & 0200-	1 ADMIN MANUA	L)			
NO REGISTRATIO				·	APPROVED:			
No REDISTRATE	an cost	ŷ.			DOINT MAN	CAO or Asst. CAO o	r Designee	-
		•			PRINT NAME			
52. Traveler's signatur	re			53 De	partment Ann	roval Signature		
I HEREBY CERTIFY that the		and correct that no na	rt of this claim has b			directed the travel des	scribed in this claim f	or the benefit of my
paid (unless travel expenses				t this departme	ent, that I am autho	rized to direct such tr	avel, and that the cla	imant was an officer,
claim was presented within or	ne year of the last da	te of the subject trave		employee	or agent of my de	partment at the time	that the subject trave	l occurred.
SIGNED	XMIN V.	Jung		SIGN	NED_	KAR TO		
Sonia				PRINT NA	ME Ryan Sh	ang) [
DATE <u>1/20</u> /	/24	<u> </u>		: Tr		lerk of the Bo		11324
						ADM CODE 470 TO 4		1 0 10
							ORCAP024	Rev 10/12

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



TAX ID:

318	218564	12/11/2023	12/12/2023	0.00
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12/11/2023	318	American Express		0.00	169.93	-169.93
2/11/2023	318	Room Taxable		169.93	0.00	6.00
		Summary and Taxes Taxable Sales Room Bed Tax - 14% Facility Fee - 1% TWD Tax - 2% Ca Assessment - 0,195%	145.00 20.30 1.45 2.90 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	Inforr	nation								
Name: Dia	z		*	Sonia	Em	oloyee ID:	N/A	Job Title	e: Independent Red	istricting Commission
(Last	t)			(First)						
Location I	nforma	ation								
Office Head	dquarte	ers: N/A					Departn	nent: Cler	k of the Board of Sup	pervisors
Home Add	ress:									•
+ Date		Time Depart Arrive	Actual Starting Po	oint (Enter "Home" If traveling from Ho	me Address	Ödometer Begin End	Total Miles for Trip	Purpose fo	or the Trip Remarks	
12/11/2	2023	5:00pm	Home		i	80,744			itizen Redistricting Co	mmissioners
	·	8:10pm	California Endowi	ment Conference Center, 1000	N Alamec	80,862	118	Conference	e	
12/12/	2023	10 am	California Endow	ment Conference Center, 1000	N Alamec	80,862	118		itizen Redistricting Co e - Returning Home	mmissioners
		1pm	Home			80,980		L		
							0		1	
						al Miles	7361	Reporting Period		December 2023
THE UNDER	SIGNED	STATES:			FOR A	PPROVING A	UTHOR	TY USE ON	LY:	
thereof has b	een here within on	tofore paid, t e year after t	hat the amount there he last item thereof h	is true and correct; that no pa ein is justly due, and that the sam has accrued.		Report	t Approve	d in Full	Report Disallowe	
I have in force			surance for liability a	and property damage as specifie	d . Rya	n Sharp, Ass	istant C	lerk of the	Board of Supervisor	s
		_	nia Diaz	Digitally signed by Sonia Diaz Date: 2023.12.21 20:04:30 -08'00'	(Prin	t Name & Title	i —	yan S		signed by Ryan Sharp 4.01.12 10:00:18 -08'00'
(Date)		(Signate	ure of Claimant)	Email Form	(Dat	e)		•	pproving Authority)	

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

* claiming for \$ 10 only

KIND OF PAYMENT:
CREDITCARD
XXXXXXXXXXX

XXXXX

REF.

8

THANK YOU FO WUR VISI

* 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.