

CLAIM FOR EXPENSES
RECEIVED
OCT 19 2005

VOUCHER NO. PAID ON
DATE PROCESSED NOV 10 2005
PAYCHECK

CLAIM NO. H- 23974

TACOMA-PIERCE CO. HEALTH DEPT.
FINANCE

Employee Name (Print)						Employee No.	Social Security No.
David Vance						89489	
BUDGET CODING						DESCRIPTION	DOLLAR TOTALS
FUND	DEPT	PROGRAM	BASUB	OBJ	MIN. OBJ		
401	743001	4.233	43	Sm	0002	BUSINESS MILEAGE	25.00 (Sm)
401	743004	4.233	43	Sm	0025	TRAVEL/TRAINING EXPENSE	2407.70 (Sm)
001	743001	✓	8.94	1	✓	Business Mileage	\$ 25.00 21.31
001	743004	✓	8.94	1	✓	Travel/Training Expense	\$ 2407.70 (P)
						CLAIM TOTAL	2432.70 2429.00 (P)

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature David Vance Date 10/19/05
 Supervisor Approval F. G. [Signature] Date 10/19/05

The undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Tacoma-Pierce County Health Department, and that I am authorized to authenticate and certify to said claim.

Subscribed this 1st day of November 2005 at Tacoma, WA.

Audited by Jim McRae

Approved by Steve Fausch Finance Officer

Authorized by _____ Director of Health