

BATCH #

2026 TRAVEL AUTHORIZATION FORM

SECTION 1a:

Dept/Agency: Sheriff ☒ PVL ☐ SLT
 Employee Name: Stephen Coburn
 Standard Work Hours:
 Employee Job Title: Sergeant
 Fiscal Contact/Ext: Courtney Johnson/5191
 EE Vendor/Suffix #: 5549
 Destination: South Lake Tahoe
 Funding source: General
 Dept Date/Time: 06/10/26 7:00 AM
 Ret Date/Time: 06/17/26 7:00 PM

SIGNATURE BLOCK: I have read the County Travel and Credit Card Policies and understand that I cannot claim more than actual and necessary expenses. If I travel by private vehicle, I hereby certify that I possess a valid California/Nevada driver's license, and that I have sufficient public liability and property damage insurance at least equal to the requirements of financial responsibility laws of the State of California (Vehicle Code Section 16430). I also understand that I must submit my claim for reimbursement along with all the original receipts within thirty days of my return.

Employee

Date

Department Authorization

Date

Purpose of trip: Security Detail for CSSA Board Meeting
 no acronyms

SECTION 1b:

Estimated Travel Details

Departing Address for Mileage ☐ SHORTEST ROUTE Destination Address for Mileage

TRANSPORTATION ☒ COUNTY VEHICLE miles rate
 Private Auto Est. Mileage 0.725 \$ -
 Fuel Est if using County Car
 Airfare
 Shuttle/Taxi Service
 Airport Parking
 Car Rental
 Bridge/Toll
 Other (Specify)
 Page 2 \$ - Total Transportation: \$ -

LODGING GSA Rate \$ 171.00
 Nights booked 2 Hotel Rate \$ 180.00 \$ 360.00
 Tax/Surcharge/Resort Fee \$ 100.00
 Parking
 Other (Specify)
 Page 2 \$ - Total Lodging: \$ 460.00

PER DIEM (date) 6/10 6/11 6/12
 Breakfasts INC INC INC \$ -
 Lunches INC INC INC \$ -
 Dinners INC INC INC \$ -
 Incidental \$ -
 Page 2 \$ - Total Meals: \$ -

GSA Rate \$86.00

PER DIEM: If dates and amounts vary from the estimates, use the "Sup. After Travel" worksheet.

OTHER EXPENSES (SPECIFY)

Registration
 Baggage Fee
 Other (Specify)
 Other (Specify)
 Page 2 \$ - Total Other Expenses: \$ -

ESTIMATED EXPENSES

GRAND TOTALS \$ 460.00

Section 2b

Explanation of additional expenses or other notes as needed:
 only paying for lodging / Food was covered by CSSA

Approval for additional expenses:

\$23.06

SECTION 2c:

****UPON RETURN****

ACTUAL:

Departure Date/Time
 Return Date/Time

6/10/26 0700
 6/12/26 1900

I hereby certify that the expenses listed were incurred by me on authorized official County business and authorized within the County Travel and Credit Card Policies.

Stephen Coburn

06/16/2026

Employee

Date

Department Authorization

Date

Audit Date

6-28

Fenix 6/17

BATCH #

2026 TRAVEL AUTHORIZATION FORM

SECTION 1a:

Dept/Agency: Sheriff ☒ PVL ☐ SLT
Employee Name: Stephen Coburn
Standard Work Hours:
Employee Job Title: Sergeant
Fiscal Contact/Ext: Courtney Johnson/5191
EE Vendor/Suffix #: 5549
Destination: South Lake Tahoe
Funding source: General
Dept Date/Time: 06/10/26 7:00 AM
Ret Date/Time: 06/11/26 7:00 PM
Purpose of trip: Security Detail for CSSA Board Meeting
no acronyms

SIGNATURE BLOCK: I have read the County Travel and Credit Card Policies and understand that I cannot claim more than actual and necessary expenses. If I travel by private vehicle, I hereby certify that I possess a valid California/Nevada driver's license, and that I have sufficient public liability and property damage insurance at least equal to the requirements of financial responsibility laws of the State of California (Vehicle Code Section 16430). I also understand that I must submit my claim for reimbursement along with all the original receipts within thirty days of my return.

Stephen Coburn

06/08/2026

Stephen Coburn (Jun 8, 2026 14:23:43 PDT)

Employee

Date

Department Authorization

Date

SECTION 1b:

Estimated Travel Details

Departing Address for Mileage ☐ SHORTEST ROUTE Destination Address for Mileage

TRANSPORTATION ☒ COUNTY VEHICLE miles rate
Private Auto Est. Mileage 0.725 \$ -
Fuel Est if using County Car
Airfare
Shuttle/Taxi Service
Airport Parking
Car Rental
Bridge/Toll
Other (Specify)
Page 2 \$ - Total Transportation: \$ -

LODGING GSA Rate \$ 171.00
Nights booked 1 Hotel Rate \$ 180.00 \$ 180.00
Tax/Surcharge/Resort Fee \$ 100.00
Parking
Other (Specify)
Page 2 \$ - Total Lodging: \$ 280.00

PER DIEM (date)
Breakfasts INC INC \$ -
Lunches INC INC \$ -
Dinners INC INC \$ -
Incidental \$ -
Page 2 \$ - Total Meals: \$ -

GSA Rate \$86.00

PER DIEM: If dates and amounts vary from the estimates, use the "Sup. After Travel" worksheet.

OTHER EXPENSES (SPECIFY)

Registration
Baggage Fee
Other (Specify)
Other (Specify)
Page 2 \$ - Total Other Expenses: \$ -

ESTIMATED EXPENSES

GRAND TOTALS \$ 280.00

Section 2b

Explanation of additional expenses or other notes as needed:

Approval for additional expenses:

SECTION 2c:

****UPON RETURN****

Audit

Date

ACTUAL:

Departure Date/Time

Return Date/Time

I hereby certify that the expenses listed were incurred by me on authorized official County business and authorized within the County Travel and Credit Card Policies.

Employee

Date

Department Authorization

Date

6-28



Coburn, Stephen

Confirmation Number: 6417488226-1

Room Number: 551

Room Type: K

No. of Guests: 1

ARRIVAL	DEPARTURE	RATE PLAN	ACCOUNT
06/10/2026	06/12/2026	GGOVT	
Room Number	Confirmation Number	Name	
Date	Code	Description	Amount (USD)
551	6417488226-1	Coburn, Stephen	
06/10/2026	1000	Room Charge	\$173.00
06/10/2026	OT	Occupancy Tax 14%	\$24.22
06/10/2026	CT	California Tourism Fee	\$0.34
06/10/2026	TBID	Tourism Business Improvement District Tax \$4.00	\$4.00
06/10/2026	2020	Resort Fee	\$35.00
06/10/2026	RFT	Resort Fee Tax 14%	\$4.90
06/10/2026	CT	California Tourism Fee	\$0.07
06/11/2026	2022	Long Distance Telephone	\$0.00
06/11/2026	2022	Long Distance Telephone	\$0.00
06/11/2026	1000	Room Charge	\$173.00
06/11/2026	OT	Occupancy Tax 14%	\$24.22
06/11/2026	CT	California Tourism Fee	\$0.34
06/11/2026	TBID	Tourism Business Improvement District Tax \$4.00	\$4.00
06/11/2026	2020	Resort Fee	\$35.00
06/11/2026	RFT	Resort Fee Tax 14%	\$4.90
06/11/2026	CT	California Tourism Fee	\$0.07
Subtotal for 6417488226-1			\$483.06
Sub-Total :			\$416.00
Total Tax :			\$67.06
Total Payments :			\$0.00
Total Due :			\$483.06

SIGNATURE: _____

DATE: _____