

5348

SECTION 1a:				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.			
Dept/Agency:		<u>Sheriff</u> ☒ PVL ☐ SLT		Employee		Date	
Employee Name:		<u>Samantha Whitlock</u>					
Standard Work Hours:							
Employee Job Title :		<u>Admin Analyst II</u>					
Fiscal Contact/Ext:		<u>Courtney Johnson/5191</u>					
EE Vendor/Suffix #:		<u>5747</u>					
Destination:		<u>South Lake Tahoe</u>					
Funding source:		<u>General</u>		Department Authorization		Date	
Dept Date/Time		<u>06/09/26</u>	<u>12:00 PM</u>				
Ret Date/Time		<u>06/12/26</u>	<u>11:00 AM</u>				
Purpose of trip:		<u>Event Coordinator for CSSA Board Meeting</u>					
		<i>no acronyms</i>					

SECTION 1b:				SECTION 2a:			
Estimated Travel Details				Actual Travel Details			
Departing Address for Mileage		☐ SHORTEST ROUTE	Destination Address for Mileage		Payment Processed By:		Changes
					Adv Ck	Emp Reimb	over/(under)
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	Adv Ck	Emp Reimb	
Nights booked	<u>3</u>		Hotel Rate	\$ 180.00		\$ 519.00	\$ (21.00)
Tax/Surcharge/Resort Fee				\$ 200.00		\$ 205.59	\$ 5.59
Parking				\$ 75.00		\$ 125.00	\$ 25.00
Other (Specify)							\$ -
Page 2		\$ -	Total Lodging:		\$ -	\$ 844.59	\$ 9.59
PER DIEM (date)		<u>6/9</u>	<u>6/10</u>	<u>6/11</u>	<u>6/12</u>		
Breakfasts		<u>22.00</u>	<u>INC</u>	<u>INC</u>			\$ 22.00
Lunches			<u>INC</u>	<u>23.00</u>			\$ 23.00
Dinners		<u>36.00</u>	<u>INC</u>				\$ 36.00
Incidental		<u>5.00</u>	<u>5.00</u>	<u>5.00</u>	<u>5.00</u>		\$ 20.00
Page 2		\$ -	Total Meals:		\$ 101.00	\$ -	\$ -
			GSA Rate	\$86.00	PER DIEM: If dates and amounts vary from the estimates, use the "Sup. After Travel" worksheet.		
OTHER EXPENSES (SPECIFY)					Adv Ck	Emp Reimb	
Registration							\$ -
Baggage Fee							\$ -
Other (Specify)							\$ -
Other (Specify)							\$ -
Page 2		\$ -	Total Other Expenses:		\$ -	\$ -	\$ -
ESTIMATED EXPENSES				ACTUAL EXPENSES			
GRAND TOTALS				\$ 916.00			
Section 2b:				Section 2c:			
Explanation of additional expenses or other notes as needed: <u>Deputy Whitlock was assigned to work CSSA on 6/11 and stayed with his wife. Valet was the only option for parking and that is why two charges are on 6/11 and an additional charge 6/12 working CSSA security detail</u>				Approval for additional expenses: <u>[Signature]</u> Date <u>6/18/2026</u>			
Section 2c:				Section 2d:			
ACTUAL:				UPON RETURN			
Departure Date/Time	<u>06/09/2026</u> <u>1200</u>			Employee		Date	
Return Date/Time	<u>06/12/2026</u> <u>1200</u>			Department Authorization		Date	

U-24

Fenix 6/22

BATCH #

2026 TRAVEL AUTHORIZATION FORM

SECTION 1a:

Dept/Agency: Sheriff ☒ PVL ☐ SLT
Employee Name: Samantha Whitlock
Standard Work Hours:
Employee Job Title: Admin Analyst II
Fiscal Contact/Ext: Courtney Johnson/5191
EE Vendor/Suffix #: 5747
Destination: South Lake Tahoe
Funding source: General
Dept Date/Time: 06/09/26 12:00 PM
Ret Date/Time: 06/12/26 11:00 AM

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

06/08/2026

Date


Department Authorization

Date

Purpose of trip: Event Coordinator 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 3 Hotel Rate \$ 180.00 \$ 540.00
Tax/Surcharge/Resort Fee \$ 200.00
Parking
Other (Specify)

Page 2 \$ - Total Lodging: \$ 740.00

PER DIEM (date) 6/9 6/10 6/11 6/12
Breakfasts 22.00 INC INC \$ 22.00
Lunches INC 23.00 \$ 23.00
Dinners 36.00 INC INC \$ 36.00
Incidental 5.00 5.00 5.00 \$ 15.00

Page 2 \$ - Total Meals: \$ 96.00

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 \$ 836.00

SECTION 2a:

Actual Travel Details

Payment Processed By:

Changes

Adv Ck	Emp Reimb	Pcard	Other	over/(under)
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Adv Ck	Emp Reimb	Pcard	Other	
				\$ (540.00)
				\$ (200.00)
				\$ -
				\$ -
				\$ (740.00)

Adv Ck	Emp Reimb	Pcard	Other	
				\$ (22.00)
				\$ (23.00)
				\$ (36.00)
				\$ (15.00)
				\$ (96.00)

Adv Ck	Emp Reimb	Pcard	Other	
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

ESTIMATED EXPENSES

ACTUAL EXPENSES

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



Whitlock, Samantha

Confirmation Number: 2089827099-1

Room Number: 513

Room Type: K

No. of Guests: 1

ARRIVAL	DEPARTURE		RATE PLAN	ACCOUNT
06/09/2026	06/12/2026		GGOVT	
DATE	CODE	DESCRIPTION	COMMENT	AMOUNT (USD)
06/09/2026	1210	Valet Parking	20260610 041043 710565 WHITLOCK 710565 WHITLOCK	\$25.00
06/09/2026	1000	Room Charge		\$173.00
06/09/2026	OT	Occupancy Tax 14%		\$24.22
06/09/2026	CT	California Tourism Fee		\$0.34
06/09/2026	TBID	Tourism Business Improvement District Tax \$4.00		\$4.00
06/09/2026	2020	Resort Fee		\$35.00
06/09/2026	RFT	Resort Fee Tax 14%		\$4.90
06/09/2026	CT	California Tourism Fee		\$0.07
06/10/2026	2022	Long Distance Telephone		\$0.00
06/10/2026	2022	Long Distance Telephone		\$0.00
06/10/2026	2022	Long Distance Telephone		\$0.00
06/10/2026	1210	Valet Parking	20260611 040453 710565 WHITLOCK 710565 WHITLOCK	\$25.00
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	1210	Valet Parking	20260612 040120 710565 WHITLOCK 710565 WHITLOCK	\$25.00
06/11/2026	1210	Valet Parking	20260612 043227 710493 WHITLOCK 710493 WHITLOCK	\$25.00
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
06/12/2026	9004	Visa Payment *****		(\$824.59)
06/12/2026	1210	Valet Parking	20260613 040855 710493 WHITLOCK 710493 WHITLOCK	\$25.00
06/13/2026	9004	Visa Payment *****		(\$25.00)