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ENDOR NAME AND ADDRESS: 2014 AUG -1 P 4: C				Deliver to A	Address Below
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mployee Cembursement DESCRIPTION		ORDERE	0	UNIT	
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ram Director/Coord. Signature Project/GrantNum	ber	(Not to Exceed \$200.00)		(more at 19)	\$ 110.00
ram Goal/Objective Number/Explanation					
ENDOR: Reference P.O. number on all invoices and packing slips. Total voice may not exceed \$200.00 including tax and shipping costs. Mail voices in duplicate to: Los Rios Community College District, Accounting epartment, 1919 Spanos Court, Sacramento, CA 95825.			i n i i i n ⁿ ipi i n i h i i i		
E hereby certify the items/services listed above are to be obtained in ordance with District Regulation 8323, Section 4, Conflict of Interest, and all or applicable district, state, and federal policies, rules, regulations, and laws.	Received by Date				
Vonne Bielo Gield 7/23/14	GENFD	4500	12 /ED	VI.5B	70
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From:	Haney, Brenda
То:	Bielefield, Yvonne (Vonnie)
Cc:	<u>Shane, Vonnie; Swanson, Mary; Wong, Barbara</u>
Subject:	FOR YOUR ACTION INVOICE / PAID RECEIPT REQUIRED _ LPO F2781_EMPL REIMBURSEMENT / Yvonne Bielefield
Date:	Friday, August 08, 2014 9:01:19 AM
Attachments:	F278 BIELEFILED, YVONNE_SIIC TRAINING.pdf
Importance:	High

Hi Yvonne –

LRCCD Accounting Operations - requires an itemized paid Receipt/Invoice from this vendor – for the Training Materials you purchased out-of-pocket.

- > Please obtain a copy from vendor and email it to me.
- ▶ NOTE: A copy of your Credit Card Transaction or Statement is not accepted as a receipt.

Your reimbursement is on HOLD pending this requested documentation.

Thank you, *Brenda Haney* Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630 916.608.6635 |
haneyb@flc.losrios.edu

From: Wong, BarbaraSent: Friday, August 08, 2014 8:42 AMTo: Haney, BrendaSubject: LPO F2781 to reimburse Yvonne Bielefield

Hi Brenda,

LPO F2781 to reimburse Yvonne Bielefield does not have a printout of the invoice. Please have the invoice copy printed out and emailed to me. Thanks.

Barbara Wong

Accounting Operations Supervisor Los Rios Community College District 1919 Spanos Court • Sacramento CA 95825 Phone: (916) 568-3038 E-mail: wongb@losrios.edu

Order Information

Total :\$107.95 Discount :\$ 0.00 Shipping:\$17.75 Sales Tax:\$8.64 Total Purchase :\$134.34 Pre-Paid :\$134.34

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Email: <u>custserv@cpp.com</u> Phone: (800) 624-1765 (MON-FRI 6:00 am to 4:30 pm PST.) Fax: (650) 969-8608

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(Strong Interest Inventory®)

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LOS RIOS COMMUNITY COLLEGE DISTRICT TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM (Note: Read instructions on back of set before completing)	Please check box where payment is to be sent:
Employee Name Vonnie (Vonne) Bielefield ID # Wol6455	
Conference/Activity Strong Interest Inventory certific	ato Destination Online treatining.
Budget No. 1: Denfd / 5200 / 12 / ed. Vi.5	
Budget No. 2: / / / /	
BusUnit Acct Fund Org PART I - Request to Attend	Pgm Code SubClass Proj/Grant PART III - Request for Reimbursement
From 7/28/14 / NA to 8/18/14 / NA	To be completed no later than 3 days after return from authorized travel. * Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.
Date Time Date Time	
A. Transportation (Estimate cost of air fare)	From / To / To / To Date Time A. Transportation
Air* Dist. Vehicle Priv. Vehicle xx	Air fare* Bus* Other* \$
Travel Agency (Air fare)	Prepaid to travel agency by district
The undersigned certifies that the vehicle he/she uses for Los Rios Community College District	Private VehicleX \$
business carries the legal minimum insurance required by law.	B. Lodging* (Single occupancy rate only/exclude phone calls & other costs)
B. Lodging* \$	C. Registration Fee (check one) \$
days @ \$ day	Prepaid by DO/College No Prepayment
C. Registration/Conference Fee* (check one) \$	(No receipt required if prepaid) D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)
incl. certain meal(s)	Date Breakfast Lunch Dinner Total
D. Meals\$\$	
Breakfast \$X Lunch \$X Dinner \$X	
# of days # of days # of days	
E. Other (describe)* <u>Manual Manual Manual Structure</u> \$ (Admin. Approval required for vehicle rental)	
F. Incidental Expenses \$_\$570.00	Total Meals \$
Total Estimated Expenses \$ 400.00	E. Other Expenses* (Parking fees, bridge toll, business phone call, Wi-Fi, and other business related expenses)
MaximumAllowance, if applicable \$	
Travel charged to Categorical Programs, Grants or Special Projects:	(Admin. approval required for vehicle rental)
This travel is in compliance with the requirements of:	F. Incidental Expenses - not to exceed \$10/day \$
Program Name Program Director/Coordinator Signature	(Tips, personal phone call, and other misc. travel expenses) G. Total Expenses (A - F) \$
For grants/special projects: 4544 SB70 Reund 6	Total Expenses (lesser of Max. Allowance s
graliting grast expension	or Total Expenses) Less Amount(s) Prepaid
Program Goal/Opfective Number/Explanation	Subtotal
If all the could Date 7/17/14	Less Cash Advance (Part II) <>
Approval Day 200 Date 7/2/114	Total Requested for Reimbursement \$
Area Uean/Supervisor	Certification/Approval I certify that the above claim is an accurate accounting of expenses incurred which does not exceed
Approval Date	the allowances provided per Regulation 8341, and complies with District insurance requirements.
Approval Date	Claimant's Signature Date
PART II - Request for Cash Advance/Prepaid Expense	Approved
(To be completed by Requestor) A Employee Cash Advance GENFD / 9161 / 11 \$ 550 00	Area Dean/Supervisor Date
BusUnit Acct Fund	Approved Vice President, Administration Date
B. Registration (Payee) \$	PART IV Vendor I.D.
Registration Due Date	Enter allocation of Subtotal (PART III.G.) above
Vendor I.D. Budget No. 1: \$	Budget No. 1: Amount Budget No. 2: Amount Amount
Amount Amount	D.O. Use: GENFD/ 9161 / 11 \$
Approval	

Swanson, Mary

From: Sent: To: Cc: Subject: Bielefield, Yvonne (Vonnie) Thursday, July 24, 2014 9:20 AM Swanson, Mary Clark, Shannon V. Bielefield CPP, Inc. Training Materials Receipt

Hi Mary,

Below is the purchase receipt from CPP, Inc. for my Strong Interest Inventory Certification training materials. As soon as I receive the second receipt, from GS Consultants, for the on-line training, I will forward it to you.

Thank you so much for your help with my training reimbursement paperwork—I really appreciate your effort to insure that I get it all right!

Have a great day!

TEN YEARS SUCCESS 2004-2014 Vonnie Bielefield | Career and Transfer Services Center SPA Folsom Lake College | 10 College Parkway | Folsom, CA 95630 p. 916.608.6526 | Vonnie.Bielefield@flc.losrios.edu | http://flc.losrios.edu

From: shipment@cpp-db.com [mailto:shipment@cpp-db.com]
Sent: Thursday, July 24, 2014 2:30 AM
To: Bielefield, Yvonne (Vonnie)
Cc: shipment@cpp-db.com
Subject: Your order has been shipped/invoiced.

×

Please do not respond to this email Thank you for shopping at <u>CPP</u>, Inc..

Order Information

YVONNE BIELEFIELD 100 ROCKYCOVE COURT

FOLSOM CA-95630 UNITED STATES OF AMERICA

If you need a hard copy of this invoice please click the link below. <u>View invoice:1358106</u>

Your order was placed on:7/23/2014 Shipping Method:UPS GROUND Track Package #:1Z9067270354359639