



Julie Clark <julie.clark@pinal.gov>

Re: FW: expired checks

Julie Clark <julie.clark@pinal.gov>
Draft

Thu, Nov 17, 2022 at 2:10 PM

From: **Todd Sayer** <todd.sayer@pinal.gov>
Date: Wed, Nov 16, 2022 at 9:19 AM
Subject: Re: FW: expired checks
To: Rande Stinson <randee.stinson@pinal.gov>, Julie Clark <julie.clark@pinal.gov>
Cc: Andrea Aleman <andrea.aleman@pinal.gov>

Good Morning Julie,

Yes, These can be reissued. See attached supporting documents.

Thank you,

Todd Sayer, MBA
Accounting Manager
Pinal County Finance & Budget Department
(520) 866-6222

PINAL COUNTY
Claim for Reimbursement of Mileage Expenses

FUND CODE 0000

Vehicle # 297397

Washer # 1892299

Batch # 1061254

Entered By [Signature]

Claimant's Name		Cost Center/Subledger		Subsidiary		Department						Period (Month & Year)	
Maria Seballos-Rollins		2841181/297397				JP-Copper Corridor-Oracle						Aug-21	
897 Sycamore Dr, Oracle												Post of Duty Address	
												1470 Justice Drive, Oracle	
Date	Travel		Round Trip	Odometer		Total Mile	Less commute miles	Compensable miles	Total \$ @ .560	Other Expenses	Total Reimbursable	Business Purpose Dates	
	Depart From	Arrived At		Start	End								Y/N
	Address	Address											
8/11/21	1470 Justice Dr., Oracle	63701 E Saddlebrooke Blvd., Tucson, AZ	Y			34	0	34.00	\$ 19.04		\$ 19.04	bank 1	
8/17/21	1470 Justice Dr., Oracle	60 Main Street, Superior, AZ	Y			129	1.8	127.40	\$ 71.34		\$ 71.34	Clerk coverage	
8/30/21	1470 Justice Dr., Oracle	63701 E Saddlebrooke Blvd., Tucson, AZ	Y			34	0	34.00	\$ 19.04		\$ 19.04	bank 1	
						0							
						0							
						Total	197.00	1.80	185.40	\$ 109.42	\$ 109.42		

8/11-30/21
 08/11 - 08/30

I hereby certify that all items of expense included in the above and not were necessary in discharging the official business of the County. The distance for which charge is made have been actually traveled on the dates specified, no part of the amount has been paid by the County and no claim against the County has been made for any other travel, but the full amount is due and unpaid, and I declare under penalty of perjury that the claim has been established by me and to the best of my knowledge and belief to a true and correct statement.

I hereby certify under penalty of perjury that I have examined the claim, that the expenditure is for a valid public purpose and that funds have been appropriated or otherwise available for payment of this claim and that if the available funds are from a federal grant, contract or source, the claim is allowable under the terms of such grant, contract or source, and payment of the amount claimed is hereby approved.

Distribution by Object Code	
CODE	AMOUNT
540211	109.42

[Signature] 8/31/21
 Claimant Signature Date

[Signature] 9/1/21
 Signature of Supervisor Date

Signature of Supervisor (Optional) Date

PINAL COUNTY
Claim for Reimbursement of Mileage Expenses

For Agency Use Only

Vehicle # 297397
 1888115
 License # 1040004
 Interest #

Claimant Name		Cost Center/Subledger		Subsidiary		Period (Month & Year)						
Maria Sebastian-Rollins		2841161/297397		DEPT. Copper Corridor, Oracle		Jul-21						
897 Sycamore Dr. Oracle						Post of Duty Address						
						1470 Justice Drive, Oracle						
Date	Travel		Round Trip	Odometer		Total Miles	Less Commute miles	Compensable miles	Total \$	Other Expenses	Total Reimbursable Expenses	Business Purpose Detail
	Depart From	Arrived At		Start	End							
	Address	Address	Y/N									
7/7/21	1470 Justice Dr., Oracle	80 E Main Street, Superior	Y			1.6		127.00	\$ 71.12		\$ 71.12	Clerk Coverage
7/8/21	1470 Justice Dr., Oracle	63701 E Saddlebrooke Blvd., Tucson, AZ	Y			0		37.00	\$ 20.72		\$ 20.72	bank-2
7/16/21	1470 Justice Dr., Oracle	63701 E Saddlebrooke Blvd., Tucson, AZ	Y			0		34.00	\$ 19.04		\$ 19.04	bank-1
7/22/21	1470 Justice Dr., Oracle	63701 E Saddlebrooke Blvd., Tucson, AZ	Y			1.6		34.00	\$ 19.04		\$ 19.04	bank-1
7/28/21	1470 Justice Dr., Oracle	80 E Main Street, Superior	Y			0		127.00	\$ 71.12		\$ 71.12	Clerk Coverage
Totals						3.20		358.00	\$201.04		\$201.04	

7/7-28/21

I hereby certify that all items of expense included in this claim, amount were necessary in the ordinary and official business of the County in the course of which change of venue have been lawfully transacted in this state, and that the County has been made to be repaid by the County and no claim against the County has been made for any part thereof, but the full amount is due and unpaid, and I declare under penalty of perjury that this claim has been examined by me and to the best of my knowledge and belief is true and correct and is true.

I hereby certify under penalty of perjury that I have examined this claim, and this expenditure is for a valid public purpose and that funds have been appropriated or are otherwise available for payment of this claim, and that if the available funds are from a federal grant or contract of award, this claim is allowable under the terms of such grant, contract or award, and payment of the amount claimed is hereby approved.

MARIA SEBASTIAN-ROLLINS 8/2/21
 Claimant Signature Date

DANENDE JAY 8/4/21
 Signature of Approver Date

Distribution by Object Code	
CODE	AMOUNT
540211	201.04

Signature of Supervisor (Optional) Title