Payee: 297397 SEBALLOS ROLLINS, MARIA T

Check No. - 93518227
Check Date - 12/12/2023
Stub 1 of 1

Invoice	Remarks	Gross Amount	Discount	Net Amount
11/1-16/23	MILEAGE	202.40		202.40
		202.40		202.40

For Inquiries: Call (520) 866-6397 or
Email: pcaccountspayable@pinal.gov

PINAL COUNTY

General Fund
COUNTY WARRANT
TREASURER OF PINAL COUNTY
Michael P. McCord
P.O. Box 729
Florence, AZ 85132

12/12/2023 Warrant No. 02 93518227
297397
Wells Fargo Bank, N.A.
56-382
412

VOID 1 YEAR FROM DATE OF ISSUE

PAY TWO HUNDRED TWO AND 40/100********** $*******202.40

TO THE ORDER OF SEBALLOS ROLLINS, MARIA T
[redacted]

CHAIRPERSON

CLERK

[redacted]

For Finance Use Only

Vendor # ~~20~~ 297397

Voucher # 2097164

Batch # 1104328

Entered by

12/6/23

PINAL COUNTY 2022

Claim for Reimbursement of Mileage Expenses

Claimants Name	COST CENTER / SUBSIDIARY	EMPLOYEE NUMBER	DEPARTMENT	Period (Month & Year)
Maria Seballos-Rollins	2841161-297397	297397	JP-Copper Corridor-Oracle	Nov-23

Declared Home Address	COMMUTE MILES	Post of Duty Address
[redacted]	2	1470 Justice Drive, Oracle

Date	Travel		Round	Odometer		Total	Less	Compensable	Total	Other	Total	Business Purpose Detail
	Depart From	Arrived At	Trip	Start	End	Miles	commute	miles	$ 0.655	Expenses	Reimburseable	
	Address	Address	Y/N				miles		540211		Expenses	
11/1/23	1470 Justice Dr., Oracle, AZ	105 2nd St., Winkelman, AZ	Y			64		64.00	$ 41.92		$ 41.92	Exchange court paperwork
11/2/23	1470 Justice Dr., Oracle, AZ	65 E Ruggles St., Florence	Y			110		110.00	$ 72.05		$ 72.05	Renew Notary
11/6/23	1470 Justice Dr., Oracle, AZ	63701 E Saddlebrooke Blvd., Tucson	Y			34		34.00	$ 22.27		$ 22.27	Bank-1
11/8/23	1470 Justice Dr., Oracle, AZ	105 2nd St., Winkelman, AZ	Y			64		64.00	$ 41.92		$ 41.92	Exchange court paperwork
11/16/23	1470 Justice Dr., Oracle, AZ	63701 E Saddlebrooke Blvd., Tucson	Y			37		37.00	$ 24.24		$ 24.24	Bank-2
								-				
								-				
								-				
								-				
								-				
								-				
								-				
								-				
			Totals			309.00	-	309.00	$202.40	-	$202.40	

I hereby certify that all items of expense included in the above amount 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 account has been paid 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 a true, and correct valid claim.

Claimant Signature — Date 12/5/23

I/We hereby certify under penalty of perjury that I/we have examined this claim; that 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, contract or source, this claim is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

Eddie Brown — Signature of Supervisor — Date 12/5/23

Signature of Supervisor (Optional) — Date

Distribution by Object Code	
CODE	AMOUNT
540211	
TOTAL	

Revised 3/17/2017

Export to CSV

	Warrant #	Payee Name	Issue DT	Create DT	Status	Status DT	Voucher	E/P	Amount
▶	0293518227	SEBALLOS ROLLINS, MARIA T	12/12/23	12/12/23	VOID	02/21/25		E	$202.40
									$202.40

1 Page 1 of 1 20 1 - 1 of 1 items