

Original → Rick H. 7/9

EXPENSE CLAIM

COUNTY OF LOS ANGELES

DEPARTMENT 060

TO Ryan J. Alsop

HEADQUARTERS IGEA

ADDRESS [REDACTED]

DATE OF CLAIM 06/30/10

PERIOD OF CLAIM 05/02-05/06/2010

SHOW PURPOSE OF TRIP		ITEMIZE IN DETAIL	
DATE	DESCRIPTION OF EXPENSE	PLACE WHERE INCURRED	AMOUNT
	PURPOSE: Coordinate annual advocacy visit of	County officials on key priority issues.	
5/2-5/6	HOTEL Grand Hyatt Washington 1000 H Street, NW Washington, DC 20001	4 nights @ \$329.00, plus \$47.71 room tax (Hotel bill attached)	1506 84 ✓
5/2-5/6	PORTERAGE	5 days @ \$1.00 a day	5 00 ✓
5/2-5/6	TAXIS	(4 receipts attached)	100 00 ✓
5/2-5/6	AIRPORT PARKING	5 days @ Long Beach Airport (Receipt attached)	85 00 ✓
5/2-5/6	meals	5 days @ \$64 per day	320 00 ✓

meals
\$64 x 5 = \$320

APPROVED

[Signature]
7/7/10

Rick Hong

TOTAL CLAIMED
~~1699 84~~
1699 84
#2011-84

I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARILY INCURRED IN THE PERFORMANCE OF MY DUTY.

AS Assistant Chief Executive Officer

CLAIM IS HEREBY MADE FOR REIMBURSEMENT AS ITEMIZED ABOVE.

SIGNED

[Signature]

CLAIMANT

[Signature] 7/8/10
APPROVED
Brence Culp, Chief Deputy

TITLE



1000 H Street, NW
 Washington, D.C. 20001 USA
 TELEPHONE: 202 532 2234
 FACSIMILE: 202 637 4007

thank you

Last Name ALSOP		First Name RYAN J		Folio	Page
Street 25 MASSACHUSETTS AVE,NW				Room	792
SUITE 560				Rate	329.00
City WASHINGTON		State DC	Zip Code 20001	Arrival	05/02/10 SUN
(202) 393-2404				Departure	05/06/10 THU
1/0				Bonuses	Type CCARD
Account XXXXXXXXXX [REDACTED]					

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
[REDACTED]	[REDACTED]	[REDACTED]		use the following information when forwarding your comments or billing inquiries to us:	
05/02	GROUP ROOM	329.00		Grand Hyatt Washington At Your Service 1000 H Street, N.W. Washington, D.C. 20001 Or, Email us at: NA.CustomerService@Hyatt.com	
05/02	*ROOM TAX	47.71 ⁰			
[REDACTED]	[REDACTED]	[REDACTED]			
05/03	GROUP ROOM	329.00			
05/03	*ROOM TAX	47.71 ⁰			
05/04	GROUP ROOM	329.00			
05/04	*ROOM TAX	47.71 ⁰			
05/05	GROUP ROOM	329.00			
05/05	*ROOM TAX	47.71 ⁰			
05/06	XXXXXXXXXXXX [REDACTED]	[REDACTED]			
	Total Due	.00			
<p>No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.</p> <p>Thank you for choosing the Grand Hyatt Washington. Our goal is to exceed all of your guest service expectations. We are very interested in hearing your feedback regarding your visit. Please</p>					

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.



DULLES AIRPORT TAXI INC.
PART OF WASHINGTON FLYER
CAB #171

Thank you for using us
703-661-8230

Date 05/02/2010
FROM: 17:34 TO: 18:07
TRIP # 1383
DIST 26.91 mi
FARE.....\$ 58.00
TIP.....\$ ~~8.00~~
TOTAL.....\$ ~~66.00~~

*Reimbursement
for
tipping is
not allowed*

Approved 92981P



Thank you for using us
703-661-8230

DC TRIP / CAPPED
LUCKY
CAB #12
05/03/10 TR 2336
START END MILES
09:07 09:50 3.3
FARE FOR EA RATE
RATE 1: \$ 15.00
EXTRA: \$ 0.00
TOTAL: \$ 15.00
THANKS
DC TAXICAB COMM
TEL 202 645-6018



TAXICAB RECEIPT

Time: _____

Date: _____

Origin of trip: _____

Destination: _____

Fare: \$10.00 Sign: J

AMFCO SYSTEM PARKING
LONG BEACH AIRPORT
4100 DONALD DOUGLAS DR
LONG BEACH CA 90808
(562)377-6116
Rcpt# 49331
05/06/10 21:20 LH 3 AM 21 Txn#141879
05/02/10 07:31 In 05/06/10 21:20 Out
TK# 248090
NEW FEE \$ 85.00 ✓
Total Fee \$ 85.00
CASH PAID \$ 85.00
Cash Tender \$ 85.00
Change Due \$ 0.00
THANK YOU

*Airport
Parking*



TAXICAB RECEIPT

Time: _____

Date: _____

Origin of trip: _____

Destination: _____

Fare: \$20.00 Sign: J