

KING COUNTY TRAVEL AUTHORIZATION & CLAIM VOUCHER

TRAVEL AUTHORIZED BY THIS FORM REQUIRES THE INDIVIDUAL UPON HIS RETURN TO SUBMIT A REPORT DESCRIBING THE ACCOMPLISHMENTS OF THE TRIP TO HIS DEPARTMENT DIRECTOR.

REQUEST DATE: 12-5-89
 DEPARTMENT: Seattle Dist. Court
 DIVISION: KC-53
 EMPLOYEES NAME: Ritchie, John G.
 TITLE: Judge
 EMPLOYEE SOCIAL SECURITY NO. [REDACTED]

| LINE | ARMS CODING BLOCK | | | | PROJECT OR WORK AUTH. | COMPTROLLER'S OFFICE USE ONLY |
|------|-------------------|---------|------|--------|-----------------------|-------------------------------|
| | ORG. UNIT | ACCOUNT | TASK | OPTION | | |
| 1 | 1588 | 53310 | | | | |
| 2 | | | | | | |

OTHER KING COUNTY EMPLOYEES REQUESTING (OR APPROVED) TO TRAVEL TO THE MEETING

ORGANIZATION TO BE VISITED (COMPANY - ASSOCIATION - ETC. & PLACE OF VISIT)
 Florida courts of limited jurisdiction, Tampa, Florida.

PURPOSE OF THE TRIP (IF BROCHURE AVAILABLE PLEASE ATTACH)
 To share information regarding court practices and learn from their experiences the best way of approaching consolidation.

| DATE LEAVING KING COUNTY | DATE OF MEETING BEGINNING AND LOCATION | DATE MEETING ENDS | DATE RETURNING TO KING COUNTY |
|--------------------------|--|-------------------|-------------------------------|
| 10-25-89 | 10-26-89 | na | 11-7-89 |

BENEFITS OF ATTENDANCE TO KING COUNTY AND INDIVIDUAL
 knowledge, exchange of forms & practices

AUTHORIZATION FOR ESTIMATED TRAVEL EXPENSES

TRAVEL MODE: AIR RAIL AUTO

FARES: \$ [REDACTED]

LODGING: [REDACTED]

MEALS: [REDACTED]

REGISTRATION: [REDACTED]

MISCELLANEOUS: [REDACTED]

TOTAL ESTIMATED EXPENSES: \$ [REDACTED]

*EXPLAIN IF OTHER THAN MEETING SITE HOTEL IS USED FOR LODGING.

AUTO RENTAL REQUESTED: YES NO

JUSTIFICATION: [REDACTED]

REQUESTER'S SIGNATURE: [REDACTED] DATE: [REDACTED]

APPROVED: DEPARTMENT HEAD (OR DESIGNEE): [REDACTED] DATE: [REDACTED]

APPROVED: CO. ADMINISTRATIVE OFFICER: [REDACTED] DATE: [REDACTED]

REVIEWED: COUNTY EXECUTIVE: [REDACTED] DATE: [REDACTED]

CLAIM FOR REIMBURSEMENT

(TO BE PREPARED AFTER RETURN FROM TRAVEL)

FARES (IF NOT PAID IN ADVANCE): \$ 776.00

LODGING: [REDACTED]

MEALS: [REDACTED]

REGISTRATION: [REDACTED]

MISCELLANEOUS (ITEMIZE): [REDACTED]

TOTAL ACTUAL EXPENSES: \$ 532.65

NOTE: RECEIPTS AND EXPENSE ITEMIZATIONS MUST BE ATTACHED WITH CLAIM VOUCHER.

CERTIFICATION
 I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

CLAIMANT'S SIGNATURE: [REDACTED] DATE: 12-5-89

APPROVED-DEPARTMENT HEAD (OR DESIGNEE): [REDACTED] DATE: [REDACTED]

APPROVED-OFFICE OF COMPTROLLER: [REDACTED] DATE: [REDACTED]

| CLIENT NO | CLIENT'S NAME(S) | | | | INDICATE CLIENT'S ADDRESS BELOW BY | | | |
|-----------|------------------|--------|-----|----|------------------------------------|---------|-------|-------|
| LAST | FIRST | MR | MRS | MS | STREET ADDRESS | CITY | STATE | ZIP |
| 1 | Ritchie | John G | | | E. 326 - King County Courthouse | Seattle | WA. | 98104 |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

| LINE REF. | VENDOR CANCEL FEES |
|-----------|---|
| | AGENCY PROCESSING FEES MAY ALSO APPLY |
| | Non Refundable |
| | |
| | |
| | DID CLIENT REQUEST PRODUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Insurance is available for my purchase including trip cancellation, supplier default, medical, light and baggage coverage. My signature acknowledges the above. |
| | CLIENT SIGNATURE <input checked="" type="checkbox"/> X |

| LINE | ITINERARY/INVOICE # OR VENDOR NAME/PRODUCT DESCRIPTION | DEPT. DATE MO/DAY | GRAND TOTAL THESE ITEMS | PREVIOUS DEPOSITS | TODAYS BEGINNING BALANCE | TODAYS PAYMENTS | | NEW BALANCE DUE | DUE DATE MO/DAY |
|------|--|-------------------|-------------------------|-------------------|--------------------------|-----------------|--------------------|-----------------|-----------------|
| | | | | | | CREDIT CARD | CHECK / CASH | | |
| 1 | Airline Ticket | 10/25 | 276. ⁰⁰ | | 267. ⁰⁰ | | 276. ⁰⁰ | | / |
| 2 | # 001-7454294-550 | | | | | | | | / |
| 3 | Seattle Tampa RT | / | | | | | | | / |
| 4 | | / | | | | | | | / |
| 5 | SERVICE FEES | | | | | | | | |
| 6 | INSURANCE | | | | | | | | |

| | | | |
|---|---|---|-----------------------------|
| PAYMENT FROM: <i>Ritchie J</i> | ADDRESS (if other than above) | CREDIT CARD DEPOSIT (TYPE 1) <i>276.⁰⁰</i> | BRANCH CASH / CHECK DEPOSIT |
| BOOKING AGENT (first name and #) <i>Jenny #07</i> | CARD HOLDER NAME (as it appears on Credit Card) | CREDIT CARD TYPE AND NO. (Type 1 Sales Only) | EXPIRES (MONTH) |

INITIAL REQUIRED
 PAYMENT RECEIVED BY: *AM*

NOTE: THIS FORM APPLIES TO ALL PAYMENTS RECEIVED BY CASH, CHECK AND CREDIT CARD.
 EXCEPTION: CREDIT CARD ONLY TRANSACTIONS USE ALTERNATE PART FORM.
PRICES GUARANTEED ONLY UPON FINAL PAYMENT

CLIENT COPY/NON-ACCOUNTABLE

PAY TO THE ORDER OF: *San Spot or Georgia Siskels*

Two hundred fifty six and 00/100

FOR: *Lodging*

11-03-89

435301753

SECURITY PACIFIC BANK WASHINGTON

SECURITY PACIFIC PRIVATE BANKING

DOLLARS

\$ 256.⁰⁰

October 28, 1989

19 3/1250

NO '89 02

NO 01 01
SEATTLE WASH.
10-02-89

0631040664
SOUTHEAST BK WA, TAMPA, FL
10/31/89 1(800)523-9498

66756074

NO DEPOSIT
NO RETURN
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

