ORIGINAL

COUNTY OF SHASTA OFFICE OF AUDITOR-CONTROLLER REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER

8/14/2018

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
00391/035998	CSA #1	DOUG ATKINS	CHIEF OFFICERS ASSOCIATION	\$ 30.00	Per Admin Policy 2-201 and Gov Code	SEE ATTACHED MEMO FROM
A-1-3-1 NO. 10 N			MTG		sections 910 and 911.2 invoices older	DEPARTMENT
1					than one year require Board approval.	
1						
	TOTAL			\$ 30.00		

Auditor's Certification:

certify that the foregoing is a true list of claims	properly and
regularly coming before the Shasta County Boar	rd of Supervisors
and that the computations are correct	

Date: 8 6/18 Signature: Luclul Janubul

Approval of Claims:

These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

Date:		
	Chairman	
	Board of Supervisors	
	County of Shasta	
	State of California	



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

COOPERATIVE FIRE PROTECTION Since 1980



Mike Hebrard Chief

MEMORANDUM

Date: July 29, 2018

To: Brian Muir, Auditor-Controller

From: Mike Weber, Assistant Chief \(\sigma^2\)

Subject: Board Claim for Doug Atkins

Doug Atkins is a volunteer firefighter for Shasta County Fire Department. He recently located the stipend claim form for meeting attendance during the calendar year of 2014. He has approved the claim amount and presented it for payment, but the claim is now over one year old and requires approval by the Board of Supervisors for payment.





Shasta County Fire Department Volunteer Firefighter Meeting Attendance Report



Igo VFC #50					
Name	Date	Hours	Stipend	No Pay	
Doug Atkins CL 14242 Lost Lane Igo, CA 96047	0000 20				
Chief Officers Association Chief Officers Association	3/3/2014 9/8/2014	2.0	\$10.00 \$10.00	L7	
Chief Officers Association	12/1/2014	1.0	\$10.00		
TOTALS (3 detail records)		4.0	\$30.00		

The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued. Furthermore, if I am a county or district employee, I also certify that I have deducted the value of any personal gain I may have received including, but not limited to, cash back earned on a personal credit card, frequent flier miles, and room-stay rewards.

Claimant Signature

COUNTY OF SHASTA

Transaction Report

Long Format

Invoice Dates

Person/Entity ID: PAYROLL Name: MISC PAYROLL WARRANTS

01/01/2014 - 12/31/2014

Cost Ctr - Account Project - Activity Batch ID PO No Prep Seq No		RelTo Addr tion	Invoice No Secondary PR No Units		Inv Date Due Date Rev Date Pst Date Ck Date Ck Status		Job No Job No Tfmt Post	Dist Amt Disc Amt Retl Amt Tax/Tax2 Cd Chg/Duty Cd	Inv Amt Tax Amt Tax2 Amt Chrg Amt Duty Amt
00391-035998			XC013014	FA	01/30/2014	3	3404428	210.00	210.00
N/AN/A-04/0			CL000020		03/28/2014		0	0.00	0.00
PY000074	PD	P4				P	NB	0.00	0.00
		01	1.00	0.00	04/09/2014	OP	01		0.00
JCHXX 64	D ATKI	NS 7/1-12	/31/13 TRN S		04/15/2014	75			0.00
00391-034898			XC050214	FA	05/02/2014		3473063	12.00	12.00
N/AN/A-06/1			CL000020		05/02/2014		0	0.00	0.00
PY000079	PD	P5	22000020		00/02/2017	P	NB	0.00	0.00
		01	1.00	0.00	06/18/2014	OP	01	0.00	0.00
JCHXX 108	D ATKI		3-3/31/14 CA		06/24/2014	75	01		0.00
				.220					
00391-035998			XC0807140	СВ	08/07/2014	3	545829	120.00	120.00
N/AN/A-08/2			CL000020		08/07/2014		0	0.00	0.00
PY000084	PD	P4				PACN	NB	0.00	0.00
		01	1.00	0.00	08/26/2014	OP	01		0.00
JCHXX 101	D ATKI	NS 1/1-6/3	30/14 TRN S	ГР	09/02/2014	75			0.00
00391-034896			XC0911140	<u> </u>	09/11/2014	3	609105	192.24	192.24
N/AN/A-10/2			CL000020		09/11/2014		0	0.00	0.00
PY000089	PD	P6				P	NB	0.00	0.00
		01	1.00	0.00	10/22/2014	OP	01		0.00
JCHXX 158	D ATKI	NS 7/31/14	4 SHU 6248J		10/28/2014	75			0.00
20201 024000			VOICE						
00391-034898			XC120514F	3C	12/05/2014	3	665193	60.00	60.00
N/AN/A-12/1	DD.	D.F	CL000020		12/05/2014		0	0.00	0.00
PY000093	PD	P5	1.00			P	NB	0.00	0.00
JCHXX 29		01	1.00	0.00	12/17/2014	OP	01		0.00
CHAX 29	D ATKII	NS 4/1-9/3	0/14 CALLS		12/23/2014	75			0.00

User ID: 20266 - GAMBILL, MICHELLE L

Report ID: AP01900 - 01900 - VENDOR HISTORY AP TO PY

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Current Date: 07/30/2018 **Current Time:** 10:51:49