

County of Siskiyou
Request for Travel Authorization (RTA)

RTA No. ____ 25-202010-039

All requests shall be submitted to the office of the County Administrator (CAO) not later than 7 days prior to date of travel; 14 days if prepayment is required. Attach pertinent data, i e , agenda. RTA number will be assigned by the CAO.

Contact Person	ELIZABETH JOHNSON		
Date Typed	2/4/2025	Phone No.	(530) 842-8315

1. Name(s) of traveler(s)

Title

JEREMIAH LARUE	SHERIFF

2. Business purpose of trip

WASHINGTON DC TRAVEL

3. Date and time of departure

Date and time of return

Destination(s) (city)

1/13/2025	1/15/2025	WASHINGTON DC
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4. Anticipated Expenses

Enter dates	1/13/2025	1/14/2025	1/15/2025						Total
Air fare	\$1,036.72								\$1,036.72
Mileage (personal car)									\$0.00
Department car used?									\$0.00
Shuttle/taxi									\$0.00
Parking & tolls	\$60.00								\$60.00
Telephone									\$0.00
Seminar fee/registration									\$0.00
Lodging	\$285.23	\$285.24							\$570.47
Meals--Estimate									\$0.00
Other									\$0.00
Total	\$285.23	\$285.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,667.19

5. Additional information/explanation

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6.

Fund-Cost Center-Object

Amount

I hereby certify that there is an unexpended budget appropriation of		1002-202010	729000	\$1,667.19
sufficient funds to cover the cost of this trip.		1002-202010	729200	\$0.00
Signature		Title:	Sheriff Undersheriff Captain Lieutenant	
Name	Jeremiah LaRue, James Randall, Adam Crisci, Gary Pannell, Paul Grove		Department	Sheriff's

7.

I hereby approve the request for travel.	
Signature	Angela Davis, County Administrator

County of Siskiyou
Request for Travel Authorization (RTA)

RTA No. ____ 25-202010-038

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Contact Person	ELIZABETH JOHNSON		
Date Typed	2/4/2025	Phone No.	(530) 842-8315

1. Name(s) of traveler(s)

Title

SAGE MILESTONE	PUBLIC INFORMATION SPECIALIST

2. Business purpose of trip

WASHINGTON DC TRAVEL

3. Date and time of departure

Date and time of return

Destination(s) (city)

1/13/2025	1/15/2025	WASHINGTON DC
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4. Anticipated Expenses

Enter dates	1/13/2025	1/14/2025	1/15/2025						Total
Air fare									\$0.00
Mileage (personal car)									\$0.00
Department car used?									\$0.00
Shuttle/taxi									\$0.00
Parking & tolls									\$0.00
Telephone									\$0.00
Seminar fee/registration									\$0.00
Lodging	FAMILY	FAMILY							\$0.00
Meals--Estimate	\$22.00	\$50.00	\$50.00						\$122.00
Other									\$0.00
Total	\$22.00	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122.00

5. Additional information/explanation

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6.

Fund-Cost Center-Object				Amount
I hereby certify that there is an unexpended budget appropriation of				
sufficient funds to cover the cost of this trip.				
Signature		Title:	Sheriff Undersheriff Captain Lieutenant	
Name	Jeremiah LaRue, James Randall, Adam Crisci, Gary Pannell, Paul Grove		Department	Sheriff's

7.

I hereby approve the request for travel	
Signature	Angela Davis, County Administrator