

**Costa Mesa Sanitary District  
Expense Reimbursement Form for Directors**

Name: MIKE SCHEAFER

**I. Attach all receipts.**

DATE OF EVENT	PURPOSE OR OCCASION	LOCATION	TRAVEL*	MEAL EXPENSE	OTHER
07/01/16	MEETING WITH GEN. MGR	CMSD			
07/06/16	AGENDA REVIEW	CMSD			
07/12/16	ISDOC EXECUTIVE COMM.	OCWD	8		
07/12/16	CMSD STUDY SESSION	CMSD			
07/11/16	MEETING WITH LAFCO EXECUTIVE	LAFCO HDQ.			
07/21/16	MEETING WITH GEN. MGR AND CONSULTANT	SOCO COSTA MESA	4		
07/28/16	CMSD BOARD MEETING	CMSD			
07/29/16	MEETING WITH GEN. MGR. AND CONSULTANT	CMSD			

\*Can be used for private auto as well as taxi, limo and air fare.

## II. Calculation

1. 12 miles at .54 per mile  
(Current Rate)
2. \_\_\_\_\_ Total meals
3. \_\_\_\_\_ days attendance at \$ 295.00 per day  
(per Board policy)
4. Meeting \_\_\_\_\_
5. Other \_\_\_\_\_

= \$ 6.48	
=	
=	
=	
=	
=	

Total = \$6.48

Conference/Event: \_\_\_\_\_

Location: \_\_\_\_\_

Significant points learned of benefit to the District and its ratepayers:

Director Signature [Signature]

Per Ordinance No. 55, "Board members shall provide brief reports on meetings attended at public expense at the next regular Board meeting." (Operations Code, Section 3.01.035)

**Costa Mesa Sanitary District  
Expense Reimbursement Form for Directors**

Name: Arlene Schafer

**I. Attach all receipts.**

DATE OF EVENT	PURPOSE OR OCCASION	LOCATION	TRAVEL*	MEAL EXPENSE	OTHER
7/6	Meet with Scott.	Office	10 Miles		
7/12	S.DOC Board Meeting	MWD OC			
<del>7/18</del>	<del>Noelani Meet on Flight Trip</del>	<del>Office</del>			
7/21	Chamber Breakfast	Country Club			
7/28	P.H. (CMSD)	Office			
7/08	WACO	MWD OC			

\*Can be used for private auto as well as taxi, limo and air fare. Study Session 7/12

**II. Calculation**

- 10 miles at 54 <sup>(Current Rate)</sup> per mile
- Total meals
- days attendance at \$ 221.00 per day  
(per Board policy)
- Meeting
- Other

= \$ 5.40

=         

=         

=         

=         

Total = \$ 5.40 km

Conference/Event:         

Location:         

Significant points learned of benefit to the District and its ratepayers:

Director Signature Arlene Schafer

Per Ordinance No. 55, "Board members shall provide brief reports on meetings attended at public expense at the next regular Board meeting."  
(Operations Code, Section 3.01.035)

**Costa Mesa Sanitary District  
Expense Reimbursement Form for Directors**

Name: Jim Ferryman

**I. Attach all receipts.**

DATE OF EVENT	PURPOSE OR OCCASION	LOCATION	TRAVEL*	MEAL EXPENSE	OTHER
7-1-16	WACO	OCWD	7		
7-19-16	General Mng.	CMSD			
7-21-16	CHAMBERL BREAIFAST	CMGC	7		
7-28-16	Regular meeting				
7-12-14	CMSD STUDY session	CMSD			

\*Can be used for private auto as well as taxi, limo and air fare.

**II. Calculation**

1. 14 miles at .54 per mile  
(Current Rate)

2. \_\_\_\_\_ Total meals

3. \_\_\_\_\_ days attendance at \$ 295.00 per day  
(per Board policy)

4. Meeting \_\_\_\_\_

5. Other \_\_\_\_\_

= 7.56

= \_\_\_\_\_

Total = \$ 7.54 <sup>AM</sup>

Significant points learned of benefit to the District and its ratepayers:

Conference/Event: \_\_\_\_\_

Location: \_\_\_\_\_

Director Signature Jim Ferryman

= \_\_\_\_\_

= \_\_\_\_\_