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			. ▼ 4	$\mathbf{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal{\mathcal$	$\sim$	1.	•	_	<i>,</i> ,	_	1 1		ι.			- 1	•		v	-	_	· I	•				,,			,,	ъ.				,	٠

2022

### Please complete this form and obtain required signatures $\underline{\textit{before}}$ traveling.

1. Name of Employee/Traveler: DAVID YAMAMOTO  3. Training Related/Conference (if yes, attach Agenda):  Yes  No  \$546.50  Confirmation Number:  6. Conference/Training Cost:  \$455.00  7. Itinerary:  Destination (City, State): Anchorage Alaska  Est. Departure  Date: 5/16/22  Time: 6:00am  Phone number:  9. Miscellaneous Expenses:  10. Lodging Rase:	
Yes No \$546.50 Confirmation Number:  5. Name of Conference or Training: NACO WESTERN INTERSTATE (WIR) CONFERENCE  7. Itinerary: Destination (City, State): Anchorage Alaska  Est. Departure Date: 5/16/22 Time: 6:00am  Est. Return Date: 5/20/222 Time: 5:00pm  \$546.50 Confirmation Number:  6. Conference/Training Cost: \$455.00  8. Lodging Reservation Information: Hotel Name: HILTON ANCHORAGE Address: 500 WEST THIRD AVENUE Phone number: 907-272-7411  Confirmation Number: 69104173	
5. Name of Conference or Training: NACO WESTERN INTERSTATE (WIR) CONFERENCE  7. Itinerary: Destination (City, State): Anchorage Alaska  Est. Departure Date:  5/16/22  Time: 6:00am  6. Conference/Training Cost: \$ 455.00  8. Lodging Reservation Information: Hotel Name: HILTON ANCHORAGE Address: 500 WEST THIRD AVENUE ANCHORAGE, AK, 99501 Phone number: 907-272-7411  Est. Return Date: 5/20/222  Time: 5:00pm  Confirmation Number: 69104173	
NACO WESTERN INTERSTATE (WIR) CONFERENCE  7. Itinerary:  Destination (City, State): Anchorage Alaska  Est. Departure  Date: 5/16/22 Time: 6:00am  Est. Return  Date: 5/20/222 Time: 5:00pm  \$ 455.00  8. Lodging Reservation Information:  Hotel Name: HILTON ANCHORAGE  Address: 500 WEST THIRD AVENUE  ANCHORAGE, AK, 99501  Phone number: 907-272-7411  Confirmation Number: 69104173	
7. Itinerary:  Destination (City, State): Anchorage Alaska  Est. Departure  Date: 5/16/22 Time: 6:00am  Est. Return  Date: 5/20/222 Time: 5:00pm  8. Lodging Reservation Information: Hotel Name: HILTON ANCHORAGE Address: 500 WEST THIRD AVENUE ANCHORAGE, AK, 99501 Phone number: 907-272-7411 Confirmation Number: 69104173	
Destination (City, State): Anchorage Alaska  Est. Departure  Date: 5/16/22 Time: 6:00am  Est. Return  Date: 5/20/222 Time: 5:00pm  Hotel Name: Address: 500 WEST THIRD AVENUE  ANCHORAGE, AK, 99501  Phone number: 907-272-7411  Confirmation Number: 69104173	
Est. Departure  Date:  5/16/22  Time: 6:00am  Address:  500 WEST THIRD AVENUE  ANCHORAGE, AK, 99501  Phone number:  907-272-7411  Confirmation Number:  69104173	
Est. Departure Date: 5/16/22 Time: 6:00am ANCHORAGE, AK, 99501  Phone number: 907-272-7411  Est. Return Date: 5/20/222 Time: 5:00pm Confirmation Number: 69104173	
Est. Return Date: 5/20/222 Time: 5:00pm Phone number: 907-272-7411  Confirmation Number: 69104173	
Est. Return Date: 5/20/222 Time: 5:00pm Confirmation Number: 69104173	
9 Miscellaneous Frnenses: 10 Lodging Pata:	
a. C. Tax per Night: \$26.28	
b. Total per Night: \$ 245.28	
11. Meals: (Please CHECK which rate you are using in ONE box below)  Number of Nights: x  4	
Daily Meal Rate without receipts (See policy):  Total Lodging: \$981.12	
CONUS Rate with detailed receipts and accounting:	
12. Cost of Trip:	
*Daily Rate: *(Standard rate or City Conus Rate) Airfare/Railfare: \$ 546.50	
Lodging: \$ 981.12	
# of Meals x Rate Total Meal Per Diem: \$ 0.00	
Breakfast: \$0.00 Personal Car Miles: \$99.92	
Lunch: \$ 0.00 Training/Conference Cost: \$ 455.00	
Dinner: \$0.00 Miscellaneous: \$0.00	
Total Meals: \$\$0.00 Total Not To Exceed: \$2,082.54	
13. Personal Car Miles IRS Rate Total	
Total miles round trip: 170.8 X 0.585 \$ \$ 99.92	
14. Purpose of Trip (Be Specific):	
NACO WIR CONFERENCE 2022	
15. Approved for Payment:	
Meal Per Diem: \$ 0.00 Transportation: \$ 546.50	
Personal Car Miles: \$ 99.92 Training/Conference: \$ 455.00	
Misc: \$ 0.00 Total \$ 2.082.54	
Lodging: \$981.12	
204gmg. Vol.112	
16. Employee/Traveler Signature: Date:	
17. Department Head/Designee Signature:  Date:	
Date.	
18. Board of Commissioner's Signature (Required for Out-Of-State)  Date:	
Dute.	
Rev. 1/13,	/22

#### **Isabel Gilda**

From:

Auto-Receipt <noreply@mail.authorize.net>

Sent:

Sunday, March 6, 2022 2:55 PM

To:

Isabel Gilda

**Subject:** 

EXTERNAL: Transaction Receipt from NACO for \$455.00 (USD)

[NOTICE: This message originated outside of Tillamook County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

#### National Association of Counties(NACo)

Or rinformation

Description:

Charge - \$455.00

Invoice Number

22030622550530747874

**Customer ID** 

Isabel Gilda

**Billing Information** 

**Shipping Information** 

201 LAUREL AVE 201 LAUREL AVE

Tillamook, or 97141 igilda@co.tillamook.or.us

Total: \$455.00 (USD)

P yment Inform tion

Date/Time:

6-Mar-2022 17:55:06 EST

Transaction ID:

63580592458

Payment Method:

Visa xxxx7618

Transaction Type:

Purchase

Auth Code:

078666

#### Merchant Contact Informati n

NACO

WASHINGTON, DC 20001

US

aamselle@naco.org

Thank you for your payment. If you have questions, please contact us on our Toll Free number or emails below. Toll Free: (888) 407-NACo (6226) Email Us Membership: membership@naco.org Meetings & Conferences: nacomeetings@naco.org Billing: accountsreceivable@naco.org

#### **Isabel Gilda**

From:

Alaska Airlines <alaska.it@alaskaair.com>

Sent:

Tuesday, March 29, 2022 4:14 PM

To:

Isabel Gilda

**Subject:** 

EXTERNAL: Receipt sent from alaskaair.com

[NOTICE: This message originated outside of Tillamook County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

Your receipt is below.



## **Traveler Information**

Traveler	Seats **	Services Requested	Traveler Documentation
Name:			
David Yamamoto			
MP#:			
Alaska	17C, 17C		Enter required
Airlines 69104173 MVP®   oneworld® Ruby			documentation
E-Ticket:			
0272131133417			

## **Flights**

Flight confirmation code: XLMRMX

	Flights	
Flight	Departs	Arrives
Flight 1 of 2 Alaska 359		
Main (L)   Nonstop   <u>Details</u> First Class waitlisted Premium Class waitlisted	Portland, OR (PDX) Mon, May 16 11:15 am	Anchorage (ANC) Mon, May 16 2:00 pm
Alaska 359 <u>Distance</u> : 1,538 mi   Duration: 3h ours 45m inutes		

<sup>\*\*</sup> Seat assignments are subject to change.

Flight	Departs	Arrives
Flight 2 of 2 Alaska 42		The second secon
Main (Q)		
Nonstop	Anchorago (ANC)	Double and OD (DDV)
<u>Details</u>	Anchorage (ANC)	Portland, OR (PDX)
First Class waitlisted	Fri, May 20 7:20 pm	Fri, May 20
Premium Class waitlisted	7.20 pm	11:54 pm
Alaska 42 <u>Distance</u> : 1,538 mi		
Duration: 3h ours 34m inutes		

#### **PRICE SUMMARY**

Flight Total for 1 passenger: \$546.50

The VISA ending with \*\*\*\*\*\*\* 1669 has been charged a total of USD \$546.50.

Total per passenger	
Fare	\$546.50
	\$492.16
Base fare  Taxes and fees	\$492.16
	\$54.34
United States Flight Segment Tax Domestic	¢0.00
US Alaska/Hawaii tax	\$9.00
US psgr. facility charge	\$19.80
US Sept. 11 security fee	\$7.50
os sept. 11 security fee	\$11.20
US transportation tax	
	\$6.84

Each ticket will be a separate charge on your credit card statement.

For additional assistance with your reservation, call us at 1-800-252-7522 for assistance.

#### **RULES & RESTRICTIONS**

#### Flight

- This ticket is nonrefundable.
- If you are unable to travel, you must notify us before the flight departs. If you do not, we will cancel your trip and your fare will not be available for future use.
- Promotional discounts: Discounts are not applicable to already purchased reservations.
- View all fare rules

#### Change and cancellation

- For tickets purchased 24 hours or more prior to your scheduled departure time, you may also cancel and refund it to the original form of payment within 24 hours of the original purchase.
- Additional fares and taxes may apply.
- Any changes and cancellations must be made prior to the scheduled departure time.

#### Baggage

- Carry-on baggage: Each passenger is limited to one carry-on bag that measures up to 22"x14"x9" plus one personal item. See our <u>Carry-on baggage</u> page for more information.
- Checked baggage: Your first checked bag fee is \$30 and the second checked bag fee is \$40. All <u>standard rules</u> and fees apply. Mileage Plan™ elite members, Alaska Airlines credit card holders and others may qualify for exceptions. Please refer to our <u>Checked baggage</u> page for more details, seasonal limitations, and restrictions.
- **Hazardous materials:** The U.S. federal government restricts hazardous materials in carry-on and checked baggage. Read more about hazardous materials
- Aerosols
- Canned fuel
- Lithium batteries
- Loose ammo
- Small engines
- Matches
- Cigarette lighters
- Oxygen
- Flares & fireworks

#### Isabel Gilda

From: Hilton Hotels & Resorts Confirmed <noreply@h4.hilton.com>

Sent: Wednesday, March 9, 2022 12:26 PM

To: Isabel Gilda

Subject: EXTERNAL: Your May-16-2022 Confirmation #3246005924

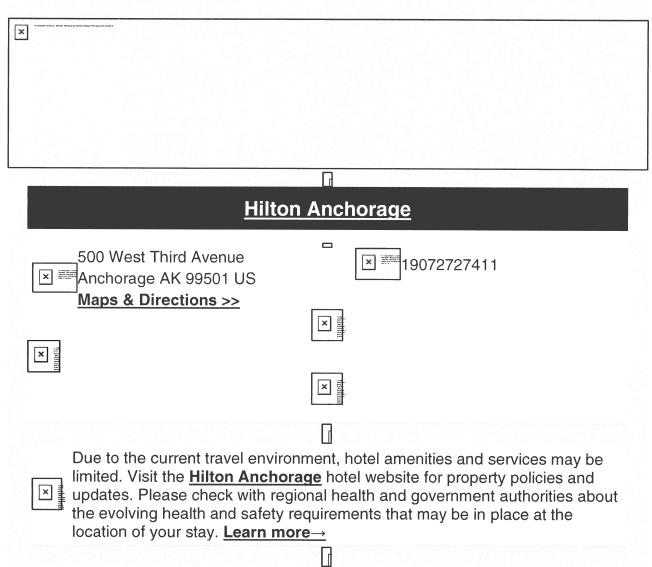
[NOTICE: This message originated outside of Tillamook County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]



## See you soon, DAVID YAMAMOTO

Your reservation for May-16-2022 has been confirmed.

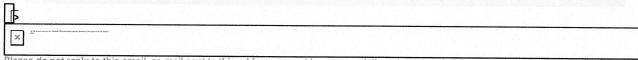
Confirmation #3246005924



Your Room I	nformation
Guest Name: Guests: Rooms: Room Plan:	DAVID YAMAMOTO 1 Adult 1 1 KING BED
×	्र विवासमध्ये । इ.स. १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ - १९८८ -
Your Rate Information	NACO 22 WESTERN INTE
Rate per night	
May-16-2022 - May-20-2022	219.00 USD
Total for Stay per Room Rate	876.00 USD
Taxes	105.12 USD
Total price for Stay	981.12 USD
What To Expect W	
Plan Ahead Witl	h These Tips:
X	

x Negrota Sensor	×
×	X X
To had browning and his tables.	
	G
<ul> <li>There is a credit card required formula of the second of the se</li></ul>	by 11:59 p.m. on May-15-2022, to avoid cancellation penalty
Comment	s & Requests   Additional Information

12.00% Per Room Per Night Self Parking: 15.00 USD daily



Please do not reply to this email, as mail sent to this address cannot be answered. If you have questions please visit our Customer Support page and select the applicable contact method.

Disclaimer: Room interior varies by hotel and the room booked may differ from room shown in this email.

\*Standard Wi-Fi is free for Hilton Honors members. Premium, if available, has a fee (except for Diamond members). Wi-Fi access is not free in meeting

spaces or at properties with a resort charge.

\*\* Service of alcoholic beverages is subject to state and local laws. Must be of legal drinking age. Hilton Requests Upon Arrival(TM) items are subject to availability.

† Visit Hilton.com/guarantee to learn more about our Best Price Guarantee.

This offer is only valid for customers enrolling in Hilton Honors on or after Jan 1st, 2020.

Offer is valid for any eligible stays booked directly with Hilton through Hilton-approved booking channels and completed within six months ("Promotion Period"), beginning the day, the participant enrolls in Hilton Honors, at any hotel or resort in the Hilton Portfolio All stays must be completed in the 6 months following enrollment date to earn Bonus Points.

Hilton Honors(TM) participants must complete up to two (2) paid stays during the Promotional Period to obtain Hilton Honors(TM) Bonus Points. The first stay within the Promotional Period will earn 2,000 Bonus Points. The second stay within the Promotional Period will earn 3,000 Bonus Points. If a guest completes just (1) eligible stay, they will receive 2,000 Hilton Honors(TM) Bonus Points. Any stays with a checkout date after the Promotional Period end date will not count towards earning Bonus Points.

Hilton reserves the right to decline any application at any time for any reason. Hilton may require additional validation in its complete discretion and this may take an additional 5 -7-business days.

## TILLAMOOK COUNTY

# REQUEST APPROVAL FORM TO UTILIZE EMPLOYEE/AGENT PRIVATE VEHICLE FOR COUNTY BUSINESS APPROVAL REQUIRED PRIOR TO USAGE OF PRIVATE VEHICLE

Destii	nations:				
TO:_	PORTLAND	FRO	M: TILLAMOO	K	
Tillan	est approval to use my private venook County business purpose of ING TO PORTLAND AIRPORT	•			for <u>NCE</u>
	n for using private vs. County ow ONAL USE OF VEHICLE OUT				
wheth	X) am not () requesting mileage er or not mileage payment is requarement request.	reimburse uested. <u>Th</u> i	ment. Insurance s form must acco	terms remain ompany the	the same
or priva required persona County	nal or Private Vehicle Liability.  the vehicle on County business, he/she is d by law (must provide proof before dep il or private vehicle on County business, coverage is excess. If the amount of lia will provide excess liability coverage.	s responsible partment head , their person	to carry the minimu //designee approval) al liability insurance	im liability insura ). If employees of policy is priman	ance operate a ry and
persona	unty does not cover collision or compre.  I vehicle for County purposes, the empl hensive damage incurred to the vehicle.	loyee/agent is	ance for personal ve 100% responsible t	ehicles. When un for collision or	tilizing a
knowled signed for on Cour mileage their ins	conale of having County employees/ager dge pertaining to County vehicle covera form may give their department head/de nty business and committing department . The signing of the personal vehicle us surance is the first to be used in the even the signed form on file.	ige, and liabil signee a head t funds when sage docume	ity protection from ls up as to who will claiming reimburse at will inform the Co	the County. Plus be using their ov ment for persona ounty employee/s	s, the wn vehicle al vehicle agent that
If invol Departn	ved in an accident while on official Counent within twenty-four (24) hours by ca	nty business, alling 503-84	I will advise the Hu 2-3418.	uman Resources	
Emplo	yee:			_Date:	
Depart	ment Head/Designee			Date:	

#### STATEMENT OF MILEAGE AND EXPENSE / TRAVEL EXPENSE DETAIL

CLAIMANT NAME: DAVID YAMAMOTO

budget for the period covered and have been allotted

for expenditure.

Authorized Signature

DATE	DESCRIPTION	MILES		EXPENSE AMOUNT				
05/16/22	ROUNDTRIP MILEAGE TO PORTLAND AIRPORT	170.80		EXI CITSE AITIOOIT				
	85.4 miles each way	170.00						
	os. Times each way							
03/29/22	Return Flight Alaska Airlines			546.50				
,,				340.50				
		<del></del>						
		<del></del>						
· · · · · · · · · · · · · · · · · · ·								
	TOTAL EXPENSES			\$ 546.50				
	TOTAL MILEAGE	170.80	0.585					
	TOTAL THIS REIMBURSEMENT REQUEST			\$ 646.42				
Approved for F	Payment	Logarify that the within hill for	consisse rectar	ad and				
	ove claimed expenses are	I certify that the within bill for a expenses incurred was to furn						
	uired expenses. Funds for	Oregon. That the items show		•				
ayment of this clai	m are available in the approved	use or benefit of any individual person, but solely for						

the use and benefit of Tillamook County. That the prices

charged therein are reasonable, and that the same is

wholly unpaid.

Claimant Signature

MONTH OF: Mar-22