

## Sandy Edmonds, LALB

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**From:** Tessa Steinkamp [tessakurt2000@yahoo.com]  
**Sent:** Tuesday, July 23, 2013 12:37 PM  
**To:** LALBSandy Edmonds  
**Subject:** Re: expense report

approved

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On Mon, 7/22/13, Sandy Edmonds, LALB <[admin@lalb.org](mailto:admin@lalb.org)> wrote:

**Subject:** expense report  
**To:** "Tessa Steinkamp " <[tessakurt2000@yahoo.com](mailto:tessakurt2000@yahoo.com)>  
**Date:** Monday, July 22, 2013, 10:53 AM

Tessa, Attached is my expense report from the NAA.

The meals indicated are based on state travel rates for out of state. I have taxi receipts at the office for 40 and 45 as required by state travel. Please review the attached and reply with your approval. I will print your email and attach to form.

Thanks, Sandy Edmonds Louisiana Auctioneers Licensing  
Board 11736 Newcastle Avenue, Bldg.  
2, Suite C, Baton Rouge, LA 70816 Phone 225-295-8420 | Fax 225-372-8584 [Sandy@lalb.org](mailto:Sandy@lalb.org)  
[www.lalb.org](http://www.lalb.org)

**TRAVEL EXPENSE ACCOUNT**

FACS BA-12 (9/86)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Sandy Edmonds

ADDRESS

CITY

DATE OF CLAIM	07/22/2013
DEPARTMENT	LALB
DIVISION	
SECTION	
FOR PERIOD	July 17-20, 2013

**Expense Summary**

<b>Automobile:</b>	<b>Lump-Sum Allowance</b>		\$	
	<b>Per Mile Cost:</b>	mi. @ .52	\$	
		mi. @ .52	\$	\$
<b>Subsistence:</b>	<b>Lodging</b>		\$	
	<b>Meals</b> (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$ 216.00
<b>Tolls and Parking</b>			\$	
<b>Tips</b> (for baggage handling only)			\$	
<b>Other Expenses</b>				\$ 85.00
<b>Less: Travel Advance</b>			\$	
<b>Total Reimbursable Costs</b>				\$ 301.00

**Certificate of Payee**

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

*Sandy Edmonds*  
SIGNED BY PAYEE

Exec Assistant  
TITLE OR POSITION

OFFICIAL DOMICILE

**Certificate of Head of Budget Unit**

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Chair  
TITLE

Louisiana Auctioneers Licensing Board

Sandy F. Edmonds

meals for NAA  
ground transportation to/from hotel- airport

7/26/2013

7409

216.00  
85.00

Bank One-Checking #

301.00





**Review your receipt**



Your purchase on July 17, 2013 at 8:53 AM PDT

**Receipt**

**Baba Cab Co LLC # 323**

Indpls Int'l Airport  
 Indianapolis, IN 46241  
 United States  
 kzouecha@gmail.com

S Service Rd

S Access Rd



12/14

Sandy Edmonds

= 50.00

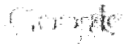
DATE	7-20-13	SERVER/CASHER	
AUTHORIZATION NO.	REFERENCE NO.		
MC			
5241162			

QTY.	DESCRIPTION	AMOUNT
	TAX	
	TIP	10 00
	MISC	
<b>TOTAL</b>		<b>45 0</b>

PURCHASER SIGN HERE  
 *Sandy Edmonds*

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS



Map data ©2013 Google

Order 0083

Description	Quantity	Unit Price	Amount
Purchase	1	\$40.00	\$40.00
<b>Subtotal</b>			\$40.00
<b>Total</b>			\$40.00 USD

**Payment Method**

Type	Description	Amount
Visa SANDY EDMONDS [Redacted] This transaction will appear on your credit card statement as "PAYPAL * Baba Cab Co LLC # 323"		
Approved		\$40.00 USD

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