

# Memo

**To:** Anthony Burrows cc: Linde Schreifels  
**From:** Linda Handy  
**Date:** November 26, 2019  
**Re:** VOID Claims Warrant #74183

---

• **TO BE VOIDED WITH CONSENT OF CITY COUNCIL**

---

Please void **warrant #74183** payable to Tyler Timmermans (v#4082) dated 11/20/19 in the amount of \$191.44. This warrant includes a reimbursement request from Dave Timmer (V#4754), but was posted to TJ Timmermans in error. Dave Timmer should receive \$152.32, and \$39.12 should be paid to TJ Timmermans.

Please void the warrant and transaction #'s 29187025 & 29187090.

The warrant is being held in the Finance safe until the void request has gone through city council & the process is complete.

Upon approval, warrants will be reissued to D. Timmer & T. Timmermans in the 12/3/19 AP check run.

Thank you,

LH

# CLAIMS FILE COPY

11/20/2019

\*\*\$191.44\*\*

\*\*One Hundred Ninety One DOLLARS Forty Four CENTS\*\*

Timmermans, Tyler J  
1804 Fairview Ct.  
Lynden, WA 98264

NOT NEGOTIABLE

NOT NEGOTIABLE

COPY

TIMM	4082	80	11/20/2019	00074183	191.44	1/1
REFERENCE NO.	YOUR INVOICE NUMBER	INVOICE DATE	AMOUNT PAID	DISCOUNT	NET AMOUNT	
29187025	timmer-10/19	10/22/2019	152.32	0.00	152.32	
29187090	timmermans-11/19	11/09/2019	13.04	0.00	13.04	
29187090	timmermans-11/19	11/09/2019	13.04	0.00	13.04	
29187090	timmermans-11/19	11/09/2019	13.04	0.00	13.04	

CLAIMS  
FILE  
COPY

4082  
703955  
29187025

**City of Lynden**

**Reimbursable Business & Travel Expense Form**

Employee Reimbursement  
 City Credit Card Expense

Employee Name David Timmer Dept. Planning Date 10 / 22 / 2019  
Home Address 201 S 17th St Reg. Sch. Wk. Hrs 8am -5pm

**DETAIL OF TRAVEL EXPENSES**

Destination Washington Athletic Club, Seattle Purpose Floodplains and Flood Risk Seminar  
Departure Date & Time 10 / 3 / 19 5 : 00  AM  PM Return Date & Time 10 / 4 / 19 8 : 00  AM  PM

**MEALS** (use Per Diem Amount unless City Credit Card was used)

Date	Breakfast (\$13)	Lunch (\$14)	Dinner (\$23)	Full Per Diem (includes \$5 for incidentals) (\$55)	Total Meal Expense
		\$ 14.00			\$ 14.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
TOTALS	\$ 0.00	\$ 14.00	\$ 0.00	\$ 0.00	\$ 14.00

COPY

PRIVATE AUTO MILEAGE Miles driven 204 x \$ 0.580 = \$ 118.32

LODGING Name of Hotel/Motel \_\_\_\_\_ Amount Paid \_\_\_\_\_  
(please attach required receipt)

**SUBTOTAL TRAVEL EXPENSES** \$ 132.32

**DETAIL OF BUSINESS/MISCELLANEOUS EXPENSE**

**OTHER EXPENSE** (Parking, Registrations, Meeting Expenses, Etc.)

DATE	PAID TO	FOR	Amount
10/04/2019	Flash Parking	Parking	\$ 20.00
TOTALS			\$ 20.00

**SUBTOTAL BUSINESS/MISC. EXPENSES** \$ 20.00

**TOTAL OF ALL REIMBURSABLE EXPENSES** \$ 152.32

**CERTIFICATION**

I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee [Signature]

Supervisor Approval [Signature]

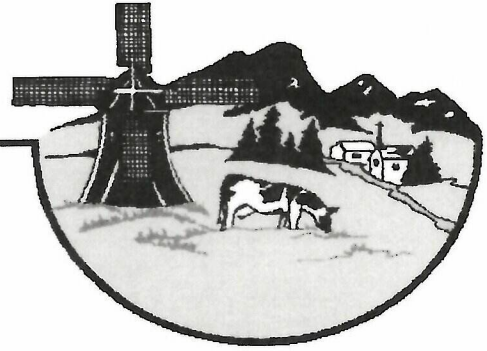
CITY OF LYNDEN  
DEPARTMENT OF FINANCE  
APPROVAL [Signature] DATE 11-18-19  
OCT 23 2019  
FUND/ 001 DEPT/ 002  
BARS # 55860. 4303

FOR FINANCE OFFICE USE:  Payroll

34  
55860 4303 = 118.32

# CITY OF LYNDEN

## Travel Authorization Request



Name Dave Timmer  
Title City Planner  
Department Planning Dept

### Purpose of Travel:

Official City Business  Training/Continued Education/Conference  Other \_\_\_\_\_

Floodplains and Flood Risk \_\_\_\_\_ The Seminar Group \_\_\_\_\_ October 4, 2019 \_\_\_\_\_  
NAME OF MEETING/CONFERENCE/TRAINING SPONSOR DATE(S)

### Travel Information

Destination Washington Athletic Club, Seattle, WA

Departure Date & Time 10 / 4 / 2019 5:30  AM  PM

Return Date & Time 10 / 4 / 2019 7:30  AM  PM

COPY

### Mode of Transportation

- Personal Vehicle  
 City Vehicle  
 Airplane  
 Other \_\_\_\_\_

### Estimated Expenses

Registration	449.00
Meals	14.00
Lodging	
Transportation	119.48
Miscellaneous	
<b>Total</b>	<b>\$ 582.48</b>

-206 Miles

### Signatures

Employee<sup>1</sup> [Signature] Date 9/17/19

Supervisor [Signature] Date 9-17-19

Department Head<sup>2</sup> [Signature] Date 9-17-19

City Administrator or Mayor \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Employee's signature affirms full understanding & compliance with City Travel Policies & Procedures as adopted by Council. An employee may be denied future travel and/or disciplinary action if they fail to comply with the City Travel Policies & Procedures. Employee acknowledges to submit travel expense vouchers for timely reimbursement in accordance with RCW 42.24.150. Employee further acknowledges payroll deduction liability for inappropriate travel charges.

<sup>2</sup> Department Head is responsible for your employee's understanding & compliance with the City's Travel Policies & Procedures.

4082  
703971  
29187090

**City of Lynden**

**Reimbursable Business & Travel Expense Form**

Employee Reimbursement  
 City Credit Card Expense

Employee Name Tyler J. Timmermans Dept. Public Works Date 11 / 9 / 19  
 Home Address 1804 Fairview ct, Lynden Wa, 98264 Reg. Sch. Wk. Hrs 40

**DETAIL OF TRAVEL EXPENSES**

Destination \_\_\_\_\_ Purpose \_\_\_\_\_  
 Departure Date & Time \_\_\_\_/\_\_\_\_/19 \_\_\_\_:\_\_\_\_  AM  PM Return Date & Time \_\_\_\_/\_\_\_\_/19 \_\_\_\_:\_\_\_\_  AM  PM

**MEALS** (use Per Diem Amount unless City Credit Card was used)

Date	Breakfast (\$13)	Lunch (\$14)	Dinner (\$23)	Full Per Diem (includes \$5 for incidentals) (\$55)	Total Meal Expense
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
<b>TOTALS</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

COPY

**PRIVATE AUTO MILEAGE** Miles driven \_\_\_\_\_ x \$ 0.580 = \$ 0.00

**LODGING** Name of Hotel/Motel \_\_\_\_\_ Amount Paid \_\_\_\_\_  
 (please attach required receipt)

**SUBTOTAL TRAVEL EXPENSES** \$ 0.00

**DETAIL OF BUSINESS/MISCELLANEOUS EXPENSE**

**OTHER EXPENSE** (Parking, Registrations, Meeting Expenses, Etc.)

DATE	PAID TO	FOR	Amount
11/09/2019	Whistle Workwear	Clothing allowance	\$ 39.12
<b>TOTALS</b>			<b>\$ 39.12</b>

\$49.84 remaining 2019

**SUBTOTAL BUSINESS/MISC. EXPENSES** \$ 39.12

**TOTAL OF ALL REIMBURSABLE EXPENSES** \$ 39.12

**CERTIFICATION**

I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee [Signature]  
 Supervisor Approval [Signature]

APPROVAL [Signature] 11/15/19  
 NOV 12 2019  
 FUND/ DEPT/  
 BANK #

FOR FINANCE OFFICE USE:  Payroll

001/011 54230 3108 + 13.04  
 401/411 53480 3108 + 13.04  
 405/419 53580 3108 + 13.04

Customer Copy

Whistle Workwear - Bellingham  
3908 Meridian Ave Ste # 102  
Bellingham, WA 98226  
1-360-676-7182  
1-360-676-1814

www.americanworkwear.com

**Sales Receipt**

Transaction #: 308259  
Account #: 000030000358  
Date: 11/9/2019 Time: 11:47:06 AM  
Cashier: Tiana Register #: 1

ACCOUNT: 000030000358  
CUSTOMER: BETHANY HILT

Item	Amount
EW030A1 38x34	\$39.99
UTILITY JEAN	
Discount	(\$4.00)
-----	
Sub Total	\$35.99
State Tax	\$3.13
Total	\$39.12
-----	
Credit Card Tendered	\$39.12
Change Due	\$0.00

COPY

Auth Code : 21  
ACCT : XXXXXXXXXXXX2410  
-----  
AID : A0000000031010  
TC : 53C88CD66602AAB5  
CVM : Signature  
-----

**You saved \$4.00!**



308259

Thank you for shopping  
Whistle Workwear - Bellingham  
We hope you'll come back soon!