

*40-2000-1001001*

MARIPOSA COUNTY AGENDA ACTION FORM AGENDA ITEM NO.: 24

DEPARTMENT: Board BY: Baggett PHONE: 966-2006

RECOMMENDED ACTION AND JUSTIFICATION:

Approve change in County policy with regard to reimbursement for travel claims, allowing for reimbursement for a maximum of 15% tip for meals.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

present Board policy does not allow for reimbursement of tips.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Take no action and policy would remain as it is presently. Refer to a committee. Approve as recommended.

COSTS: (x) Not Applicable

A. Budgeted current FY \$ \_\_\_\_\_  
B. Total anticipated costs \$ \_\_\_\_\_  
C. Required Add'l funding \$ \_\_\_\_\_  
D. Source: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

1. Submit Original of Action Form  
2. Submit eleven copies of all attachments, number the pages, and list the attachments:

SOURCE: ( ) 4/5ths Vote Required

A. Internal transfers \$ \_\_\_\_\_  
B. Unanticipated revenues \$ \_\_\_\_\_  
C. Reserve for contingency \$ \_\_\_\_\_  
D. Description: \_\_\_\_\_  
Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 89-500

Ord. No.:

Vote - Ayes: Unanimous

Noes:

Absent: Abstained:

Approved ( ) Denied

( ) Minute Order Attached

Dated: 9-19-89

The foregoing instrument is a correct copy of the original on file in this office.

ATTEST: MARGIE WILLIAMS

Clerk of the Board of Supervisors  
County of Mariposa, State of CA

By: Deputy