Print Form

MODOC COUNTY OFFICE OF EDUCATION
EXPENSE REIMBURSEMENT FORM
(All receipts must be attached before reimbursement will be made)

NAME:_____VENDOR #_____INVOICE # _____

EMPLOYEE NUMBER _____

TRAVEL EXPENSE REIMBURSEMENT CLAIM FUNDING RESOURCE:_____

Transportation:
Travel Purpose: _____

Personal Auto - Destination: _____ Date(s): _____
_____Miles (IRS Rate) $ _____
_____Miles (Personal Car Rate) $ _____

LODGING:
Dates of lodging: _____ Location:_____ $ _____

MEALS: (Attach receipts)	DATE:	Breakfast	Lunch	Dinner	Total
	_____	_____	_____	_____	$ _____
	_____	_____	_____	_____	$ _____
	_____	_____	_____	_____	$ _____
	_____	_____	_____	_____	$ _____

TOTAL MEALS $ _____

OTHER AUTHORIZED TRAVEL EXPENSE:
_____ $ _____
_____ $ _____

TRAVEL EXPENSE TOTAL $ _____

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PURCHASE OF EQUIPMENT, SUPPLIES AND OTHER REIMBURSEMENT CLAIM:

Funding Resource_____
Prior approval was obtained from_____ Approx. Date: _____
Reason why purchase order or requisition procedure could not be used:
_____
_____

DESCRIPTION OF ITEM(S)
_____ $ _____
_____ $ _____
_____ $ _____

OTHER REIMBURSEMENT TOTAL $ _____

GRAND TOTAL **$ _____**

I hereby certify that the above expenses were actual and necessary and were incurred in the performance of official county business and that no prior claim has been made for any portion.

SIGNED:_____Date: _____ SUPERVISOR:_____Date: _____

FOR OFFICE USE ONLY

Superintendent / Ass't. Superintendent Approval _____ Date: _____

FUND	RESOURCE	YR.	GOAL	FUNCTION	OBJECT	SITE	LOC1	LOC2	$'s