

Coarsegold Unified School District

Date:

Employee Name (Print)

Date	Airfare	Car Rental	Local Transportation	Auto Expenses	Lodging	Meals			Purpose of Expense/Travel			Totals
						Breakfast	Lunch	Dinner	Conference Fees	*Mileage	*Misc. Expenses	
						\$ 6.50	\$ 7.50	\$ 15.00				
01/02/04						\$ -	\$ -	\$ -				\$ -
						\$ -						\$ -
												\$ -
												\$ -
												\$ -
												\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Object Code	5200	5200	5200	5200	5200	5220	5220	5220	5240	5230		
Sub Total Due												\$ -
Less Amount Advanced												
Total Reimbursement Due												\$ -

*Mileage Reimbursement			
Return Date		Ending Mileage	0
Depart Date		Less Beginning Mileage	0
Object Code	5230	Total Mileage	0
		@ .31 per mile	\$ -

*Misc Expenses		
Date	Expenses (Describe Fully)	Total

Department Budget Coding							
Fund	Resource	School	Function	Object	Department	Year	Total

For Accounting Use Only	
Vendor #	
Voucher #	
Accounting Approval	

I certify the above to be a full and accurate account of the actual and necessary travel expenses and or purchase price of the merchandise I paid for while performing services for the CUSD, in accordance with the Education Code.

Employee Signature: _____ Dat Date _____

Department Supervisor Approval

Signature _____ Date _____