PETALUMA CITY SCHOOLS CLAIM FOR EMPLOYEE EXPENSES

NAME: PRINT or TYPE					SITE:						DATE:	
		PRINT or TYPE					PRINT	or TYPE		<u> </u>		
BUDGET #:					_ \$ BUDGET #:						\$	
unusual	expenditures a	n duplicate. Date of one of the detaction of the detactio	orm. Purpose of tr	avel should	be indicate	d in last colu	ımn. <i>Claim</i>	s over 90 c	days old	may not be h	ansp., purchases, or any large or onored.	
				TRANSP.			MEALS			DAILY		
DATE	FROM	ТО	MILEAGE	COSTS	HOTEL	BRKFST	LUNCH	DINNER	MISC.	TOTALS	DESCRIPTION	
					nber of m	niles traveled x		¢ per mile =		\$		
						(1) TC	OTAL EXPE	NSES		\$		
								yment rec'd	ı	\$ \$ \$		
						` '	•	•		Φ		
											<u> </u>	
STATE OF CALIFORNIA, COUNTY OF SONOMA. The undersigned, being first duly sworn says that he/she is an employee of the PETALUMA CITY SCHOOLS.COUNT						AMOUNT <i>DUE ME</i> \$						
OF SON	DMA; that the abo	ove claim and the items	s therein set forth are	e true and co	rect,							
		was incurred as neces id District under the dire										
F31101111111	5 551 11000 101 0ul	a District arraor trio arr	ceneri oi une governi	board trio			SITE A	DMINIST	RATOR:			
DATED	ATED CLAIMANT SIGNATURE					SUPERINTENDENT (DESIGNEE):						
700027/P									`	,	07/02	