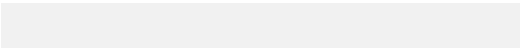


Transportation PR/PO
Lodging PR/PO
Reimbursement PR/PO



Amount Approval on "Travel" Form

fund-resource-object-site-goal-function-manager-project year-program

Fund Manager's Signature (Required if using categorical funding) Date

I here by certify that:

1. I departed at (time) _____ on (date) _____ and returned at (time) _____ on (date) _____.
2. The above information is accurate accounting of my incurred expenses while in travel status.
3. The expenses claimed above are not reimbursable to me or to WCCUSD from any other source.
4. I have attached all required ~~Original itemized~~ receipts and conference flyers.

Employee Signature: _____ Date _____

Authorizing Signature: _____ Date _____

Superintendent Signature: _____ Date _____

(Required for Out-of-State travel)