

LVCA – Expense Reimbursement Cover Page

Check one: **Certificated** **Classified** **Position** _____
 Fax to: 760-248-3330

Name: _____ (Please Print) Phone: _____ Date: _____

DO NOT USE THE FOLLOWING FOR REGULAR ES DUTIES. MONTHLY REIMBURSEMENT STIPENDS ARE PAID THROUGH THE PAYROLL DEPARTMENT *For office use only*

Total Miles _____ X IRS rate per mile = (Attach Mileage Trip Record)	Total \$	/09 0000 5210 00 0000 2700	00 000 20
Copies _____ (Attach Receipt Submission Form)	Total \$	/09 0000 5800 00 0000 7550	00 000 20
Postage _____ (Attach Receipt Submission Form)	Total \$	/09 0000 5902 00 0000 2700	00 000 20
Professional Development & Mileage _____ (Attach Receipt Submission Form)	Total \$	/09 0000 5200 00 1920 1000	00 000 20
Materials & Supplies _____ (Attach Receipt Submission Form)	Total \$	/09 0000 4300 00	00 000 20
Other Expenses (Admin only) _____ (Attach Receipt Submission Form)	Total \$	/09 0000 00 0000	00 000 20

Total Expenses \$

I hereby certify the above to be a true and accurate account of my employment and the actual and necessary travel expense incident thereto for the period indicated. I also certify that I am not receiving compensation or reimbursement from any other project sponsored by the federal government or with funds for the same time period named above

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Special Coding												Vendor No.	Amount
Fund	Res	Y	Obj	Sub	Goal	Func	Sch	L1	L2	L3			
09		0		00						20			\$
09		0		00						20			\$