

CLAY COUNTY BOARD OF EDUCATION EXPENSE ACCOUNT

Name _____ Title _____

School Month _____ From Date _____ To Date _____

Date	Trip Description	Mileage		Reimb.	Other Exp.	Total
		Defined	Custom			
	TOTALS					

I, the undersigned, do solemnly swear that the above expense account is just, accurate and true, and is claimed for cash expended for the purpose named in this statement. (Receipts must be attached as documentation of expenses.)

Signature _____

Authorized by _____