EXPENSE ACCOUNT CLAY COUNTY SCHOOLS

NAME		POSITION				
SCHOOL MONT	TH: FROM	TO,				
			T	1		
Date	Trip	Mileage	Reimb.	Other Exp.	Total	
	_					

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.)

Employee Signature	2

Employee Identification Number	
Authorized by	