

Expense Reimbursement Cover Page

Check one: **Certificated** **Classified** **IEM, Div/Position** _____
 Submit to: IEM, 1166 Broadway, Ste. Q, Placerville, CA 95667

School: _____ Date: _____
 (A separate form **MUST** be completed for each school)

Site/Prgm: _____ Dept. _____ Special SACS Code (e.g. Grants): _____

Name: _____ ES No: _____ Ph. No: _____
 (Please Print)

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 = Total \$ _____ /09 0000 5210 00 0000 2700 00 000 20
 (Attach Mileage Trip Record)

Phones Total \$ _____ /09 0000 5901 00 0000 2700 00 000 20
 (Attach Phone bill)

Copies Total \$ _____ /09 0000 5800 00 0000 7550 00 000 20
 (Attach Receipt Submission Form)

Postage Total \$ _____ /09 0000 5902 00 0000 2700 00 000 20
 (Attach Receipt Submission Form)

A RAF IS REQUIRED FOR THE FOLLOWING:

Professional Development & Mileage Total \$ _____ /09 0000 5200 00 1920 1000 00 000 20
 (Attach Receipt Submission Form)

Materials & Supplies Total \$ _____ /09 0000 4300 00 00 000 20
 (Attach Receipt Submission Form)

Other Expenses (Admin only) Total \$ _____ /09 0000 00 0000 00 000 20
 (Attach Receipt Submission Form)

Total Expenses \$

I hereby certify the above to be a true and accurate account of my employment and the (Do not write in this space) 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		\$