

INVOICE



TO: KERN COUNTY SUPERINTENDENT OF SCHOOLS
FCMAT
1300 17th Street
Bakersfield, CA 93301

Date: _____

REQUEST FOR PAYMENT:

Payment to reimburse expenses incurred from _____ through _____ while attending a meeting of the FCMAT Board of Directors.

| DATE | | | | TOTAL |
|----------------------------|--|--|--|-------|
| BREAKFAST (\$13) | | | | |
| LUNCH (\$14) | | | | |
| DINNER (\$23) | | | | |
| LODGING | | | | |
| ROUND TRIP MILES @ 0.58 | | | | |
| TRANSPORTATION | | | | |
| OTHER | | | | |
| MISC / INCIDENTALS | | | | |
| TOTAL | | | | |

Please submit your claims after each board meeting.

I hereby certify that the amount stated below is a true and correct claim for expenses.

TOTAL AMOUNT DUE _____

Claimant Signature: _____

Payable to (Individual): _____

Reimbursement for reasonable and necessary travel expenses (including, as applicable, automobile expenses, i.e., car rental or mileage for use of personal vehicle at the current IRS rate, airfare for distances over 150 miles, and parking), all in connection with travel to the board meetings. Supporting documentation of each expense claimed must be provided with this invoice in order to process reimbursement.

FCMAT PO Number _____