

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 serving on the FCMAT Board of Directors.

DATE				TOTAL
BREAKFAST				
LUNCH				
DINNER				
LODGING				
ROUND TRIP MILES @ 0.58				
TRANSPORTATION				
OTHER				
MISC				
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: (Agency) _____

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 the Agency's invoice in order to process reimbursement

FCMAT PO Number _____