

## Gilroy Unified School District EXPENSE CLAIM

***Please read all instructions BEFORE completing.***

Name/Title \_\_\_\_\_ School/Site \_\_\_\_\_

Home Address \_\_\_\_\_ Program \_\_\_\_\_

Phone \_\_\_\_\_ Month(s) of \_\_\_\_\_

Date	Destination	Purpose	Miles Traveled	*Other Expenses (Please itemize)	AMOUNT
Total Miles				Total Other Expenses	
Rate				<b>TOTAL THIS CLAIM:</b>	
Mileage Expense					

FUND	RESOURCE	PRJ YR	OBJECT	SUB OBJECT	GOAL	FUNCTION	COST CENTER	SITE	MGR	TOTAL
										\$
										\$
										\$

I certify the above is a true report.

X\_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor's Signature Date

• Please allow three (3) weeks for processing. Complete name and address so that we can update when necessary

\_\_\_\_\_  
Program Manager's Signature Date

• Please tape **ALL ORIGINAL** receipts for supplies purchased, and agendas or sign-in sheets (when needed) to a blank piece of 8½"x11" piece of paper and staple to this form.

\_\_\_\_\_  
District Office Date

**\*\*\*Please use GUS#76 for all conferences, conventions, workshops, in-services and seminars**

GUS #65  
8/7/2013  
**attended.**