

Guilford County Schools  
P.O. Box 880  
Greensboro, NC 27402-0880



57759

UNIT  
NO.

410

CHECK NO 57759

ACCOUNT NUMBER	INVOICE #	DESCRIPTION	NET AMOUNT
8-6941-305-312-810-200-02	S.CONTRERAS021219	TRAVEL	98.60
8-6941-305-312-810-200-02	S.CONTRERAS0212191	TRAVEL	31.39
8-6941-305-312-810-200-03	S.CONTRERAS0212191	MEALS	29.95
8-6941-305-312-810-200-03	S.CONTRERAS0212192	HOTEL	302.36
8-6941-305-312-810-200-02	S.CONTRERAS0212193	TRAVEL	18.46
8-6941-305-312-810-200-03	S.CONTRERAS0212194	TRAVEL	27.58
8-6941-305-312-810-200-03	S.CONTRERAS0212194	MEAL	46.37
8-6941-305-312-810-200-03	S.CONTRERAS0212195	MEALS	37.39
8-6941-305-312-810-200-02	S.CONTRERAS0212195	TRAVEL	21.86

FILE COPY



GUILFORD COUNTY SCHOOLS ADMINISTRATIVE UNIT  
GREENSBORO, NORTH CAROLINA

NO. 57759

DATE
03/15/19

\$\*\*\*\*\*613.96

*Deposited* \*\*\* PAYMENT TO BE MADE VIA DIRECT DEPOSIT \*\*\*

IN  
THE  
ACCOUNT  
OF

SHARON L CONTRERAS  
c/o SUPERINTENDENT'S OFFICE  
202 FOSSEWAY DR. GREENSBORO  
GREENSBORO, NC 27455

622741

**NON-NEGOTIABLE**

**DIRECT DEPOSIT ADVICE - THIS IS NOT A CHECK**

- ☐ Advance  
☐ Reimbursement

**GUILFORD COUNTY SCHOOLS**  
**Staff Development Travel Expense**

RECEIVED  
 GUILFORD COUNTY SCHOOLS  
 ACCOUNTS PAYABLE DEPT.  
 2019 FEB 13 AM 10:11  
Rev. A

Vendor # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name(Type) Sharon Contreras  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*Prepay \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Budget Code 8 6941 305 312 810 200 \_\_\_\_\_ School/Dept \_\_\_\_\_  
 Purpose of Travel Council of the Great City Schools Annual Conference  
 Job Assignment During Travel \_\_\_\_\_

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature Sharon Contreras Date 2/7/19

SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature [Signature] Date 12 FEB 19

Period Covered by Travel:

Date/Time of Departure 10/24/18  
 Date/Time of Return 10/28/18

Total Expense **\$98.60**

Less: Prepayment/Advance **\$0.00**

Net Reimbursement **\$98.60**

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
10/26/18			P		\$0.00	B				
			A	XX		L				
			O	XX	\$11.18	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
10/28/18			O	XX	\$87.42	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
10/24/18						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
Total Transportation					\$98.60	Total Subs	\$0.00	\$0.00	Total Other	\$0.00

A/P Approval [Signature]

Accounting Approval [Signature]

- ☐ Advance  
☐ Reimbursement

# GUILFORD COUNTY SCHOOLS

Staff Development Travel Expense

RECEIVED  
GUILFORD COUNTY SCHOOLS  
PROPERTY'S PAYABLE DEPT.

FIN-F008  
10/08  
Rev.A

Vendor # \_\_\_\_\_ Social Security # \_\_\_\_\_  
Name(Type) Sharon Contreras  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
\*Prepay \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Budget Code 8 6941 305 312 810 200 School/Dept \_\_\_\_\_  
Purpose of Travel Learning Forward Annual Board Meeting and Conference  
Job Assignment During Travel \_\_\_\_\_

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature Sharon Contreras Date 2/6/19

SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature See email for approval

Period Covered by Travel:

Date/Time of Departure

11/28/18

Date/Time of Return

12/5/18

Total Expense

\$61.34

Less: Prepayment/Advance

\$0.00

Net Reimbursement

\$61.34

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
12/4/18			P		\$0.00	B				
			A	XX		L				
			O	XX		D				\$12.02
			R	XX		H				
						TOT	\$0.00	\$0.00		
12/3/18			P		\$0.00	B				
			A	XX		L				
			O	XX	\$16.77	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
12/4/18			P		\$0.00	B				
			A	XX		L				
			O	XX	\$14.62	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
11/30/18			P		\$0.00	B				
			A	XX		L				
			O	XX		D				\$17.93
			R	XX		H				
						TOT	\$0.00	\$0.00		
A/P Approval _____						TOT	\$0.00	\$0.00		
Accounting Approval _____						Total Transportation	\$31.39	Total Subs	\$0.00	\$0.00
								Total Other		\$29.95

02 - 31.39 03 - 29.95

- ☐ Advance  
☒ Reimbursement

RECEIVED  
 GUILFORD COUNTY SCHOOLS  
 STAFF DEVELOPMENT TRAVEL EXPENSE  
 JAN 10 10:11 AM

FIN-F008  
 10/08  
 Rev.A

Vendor # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name(Type) Sharon Contreras  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*Prepay \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Budget Code 8 6941 305 312 810 200 \_\_\_\_\_ School/Dept \_\_\_\_\_  
 Purpose of Travel CDI Superintendent Roundtable  
 Job Assignment During Travel \_\_\_\_\_

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature Sharon Contreras Date 2/7/19  
 SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature [Signature] Date 12/13/19

Period Covered by Travel:

Date/Time of Departure 1/14/19  
 Date/Time of Return 1/15/19

Total Expense \$302.36  
 Less: Prepayment/Advance \$0.00  
 Net Reimbursement \$302.36

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
1/14/19			R	XX		H		\$302.36		
						TOT	\$0.00	\$302.36		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			Total Transportation		\$0.00	Total Subs	\$0.00	\$302.36	Total Other	\$0.00

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A/P Approval [Signature]

Accounting Approval [Signature]

- ☐ Advance  
☒ Reimbursement

**GUILFORD COUNTY SCHOOLS**  
**Staff Development Travel Expense**

FIN-F008  
10/08  
Rev.A

RECEIVED  
GUILFORD COUNTY SCHOOLS  
ACCOUNTS PAYABLE DEPT.  
2019 MAR -1 AM 9:48

Vendor # \_\_\_\_\_  
Name(Type) Sharon Contreras  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
\*Prepay \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Budget Code 8 6941 305 312 810 200 03 School/Dept \_\_\_\_\_  
Purpose of Travel AASA Annual Conference  
Job Assignment During Travel \_\_\_\_\_

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature Sharon L Contreras Date \_\_\_\_\_

SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature Deena A. Hays Date \_\_\_\_\_

Period Covered by Travel:

Date/Time of Departure 2/15/19  
Date/Time of Return 2/17/19

Total Expense **\$18.46**  
Less: Prepayment/Advance **\$0.00**  
Net Reimbursement **\$18.46**

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
2/14/19			P		\$0.00	B			Materials	\$12.00
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
2/15/19			P		\$0.00	B				
			A	XX		L				
			O	XX	\$6.46	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
						Total Transportation	\$6.46	Total Subs	\$0.00	\$0.00
									Total Other	\$12.00

Page 1

A/P Approval [Signature]

Accounting Approval [Signature]

- ☐ Advance  
☒ Reimbursement

**GUILFORD COUNTY SCHOOLS**  
**Staff Development Travel Expense**

RECEIVED  
 GUILFORD COUNTY SCHOOLS  
 ACCOUNTS PAYABLE DEPT.  
 FIN-F008  
 10/08  
 Rev.A

2019 FEB 25 PM 3:41  
 Social Security # \_\_\_\_\_

Vendor # \_\_\_\_\_  
 Name(Type) Sharon Contreras  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*Prepay \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Budget Code 8 6941 305 312 810 200 03 School/Dept \_\_\_\_\_

Purpose of Travel Appearance before the Committee on Education and Labor in Washington DC

Job Assignment During Travel Testify before the Committee on Education and Labor

PAYEE CERTIFICATION: This is a true and accurate statement of <u>2/14/19</u> expenses incurred in discharging official business duties. Signature <u>Sharon Contreras</u> Date <u>2/25/19</u>		SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Deena Hays</u> Date <u>2/25/19</u>	
Period Covered by Travel:		Total Expense	<b>\$73.95</b>
Date/Time of Departure	<u>2/11/19</u>	Less: Prepayment/Advance	<b>\$0.00</b>
Date/Time of Return	<u>2/12/19</u>	Net Reimbursement	<b>\$73.95</b>

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
2/12/19			P		\$0.00	B				
			A	XX		L				
			O	XX	\$27.58	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
2/11/19			P		\$0.00	B				0.75
			A	XX		L				\$46.37
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
Total Transportation					\$27.58	Total Subs	\$0.00	\$0.00	Total Other	\$46.37

A/P Approval [Signature]  
 Accounting Approval [Signature]

- ☐ Advance  
☒ Reimbursement

**GUILFORD COUNTY SCHOOLS**  
**Staff Development Travel Expense**

FIN-FO08  
 10/08  
 Rev.A

Vendor # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name(Type) Sharon Contreras  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*Prepay \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Budget Code 

8	6941	305	312	810	200	03
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 School/Dept \_\_\_\_\_  
 Purpose of Travel AASA Annual Conference  
 Job Assignment During Travel \_\_\_\_\_

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Sharon Contreras</u> Date <u>2/20/19</u>		SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Deena Hays</u> Date <u>2/25/19</u>	
Period Covered by Travel:		Total Expense	\$65.25
Date/Time of Departure	<u>2/15/19</u>	Less: Prepayment/Advance	\$0.00
Date/Time of Return	<u>2/17/19</u>	Net Reimbursement	<u>\$65.25</u> <u>59.25</u>

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
2/14/19			P		\$0.00	B				
			A	XX		L				
			O	XX		D				\$10.38
			R	XX		H				
						TOT	\$0.00	\$0.00		
2/15/19			P		\$0.00	B				
			A	XX		L				\$10.50
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
2/15/19			P		\$0.00	B				
			A	XX		L				\$6.00
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
2/16/19			P		\$0.00	B				
			A	XX		L				
			O	XX	\$21.86	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
Total Transportation					\$21.86	Total Subs	\$0.00	\$0.00	Total Other	\$26.88

A/P Approval \_\_\_\_\_  
 Accounting Approval \_\_\_\_\_

02- 21.86

03- 37.39

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
#####			P		\$0.00	B				\$10.90
			A	XX		L				
			O	XX		D				\$5.61
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
			O	XX		D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
						TOT	\$0.00	\$0.00		
			Total Transportation		\$0.00	Total Subs	\$0.00	\$0.00	Total Other	\$16.51