

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 622741
c/o SUPERINTENDENT'S OFFICE
202 FOSSEWAY DR. GREENSBORO
GREENSBORO, NC 27455

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.
Rev. 10/08

2019 FEB 13 AM 10:11

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 <u>Sharon Contreras</u> Date <u>2/7/19</u>	SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>[Signature]</u> Date <u>12 FEB 19</u>
Period Covered by Travel: Date/Time of Departure <u>10/24/18</u> Date/Time of Return <u>10/28/18</u>	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]

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 GUILFORD COUNTY SCHOOLS
 ACCOUNTS PAYABLE DEPT.

FIN-F008
 10/08
 Rev.A

- Advance
- Reimbursement

GUILFORD COUNTY SCHOOLS
Staff Development Travel Expense

53 -6 PH 4:04

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 <u>Sharon Contreras</u> Date <u>2/6/19</u>	SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>See email for approval</u>	
Period Covered by Travel:		Total Expense \$61.34
Date/Time of Departure <u>11/28/18</u>		Less: Prepayment/Advance \$0.00
Date/Time of Return <u>12/5/18</u>		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 _____						Total Transportation	Total Subs		Total Other	
Accounting Approval _____						\$31.39	\$0.00	\$0.00		\$29.95

02 - 31.39 03 - 29.95

RECEIVED
GUILFORD COUNTY SCHOOLS
STAFF DEVELOPMENT TRAVEL EXPENSE

GUILFORD COUNTY SCHOOLS
Staff Development Travel Expense

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10/08
Rev.A

- Advance
- Reimbursement

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	
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 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 <u>Sharon Contreras</u> Date <u>2/7/19</u>	SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>[Signature]</u> Date <u>12/13/19</u>						
Period Covered by Travel: Date/Time of Departure <u>1/14/19</u> Date/Time of Return <u>1/15/19</u>	<table border="1" style="width: 100%;"> <tr> <td>Total Expense</td> <td style="text-align: right;">\$302.36</td> </tr> <tr> <td>Less: Prepayment/Advance</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Net Reimbursement</td> <td style="text-align: right;">\$302.36</td> </tr> </table>	Total Expense	\$302.36	Less: Prepayment/Advance	\$0.00	Net Reimbursement	\$302.36
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	\$0.00	\$302.36	Total Other	\$0.00

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

- Advance
- Reimbursement

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

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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 L Contreras</u> Date _____	SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Deena Hays</u> Date _____			
Period Covered by Travel:				
Date/Time of Departure	2/15/19		Total Expense	\$18.46
Date/Time of Return	2/17/19		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		
						TOT	\$0.00	\$0.00		
						Total Transportation	\$6.46			
						Total Subs	\$0.00	\$0.00		
									Total Other	\$12.00

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

- Advance
- Reimbursement

GUILFORD COUNTY SCHOOLS
Staff Development Travel Expense

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 GUILFORD COUNTY SCHOOLS
 ACCOUNTS PAYABLE DEPT.
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 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: <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td>Date/Time of Departure</td> <td><u>2/11/19</u></td> </tr> <tr> <td>Date/Time of Return</td> <td><u>2/12/19</u></td> </tr> </table>	Date/Time of Departure	<u>2/11/19</u>	Date/Time of Return	<u>2/12/19</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Expense</td> <td align="right"><u>\$73.95</u></td> </tr> <tr> <td>Less: Prepayment/Advance</td> <td align="right"><u>\$0.00</u></td> </tr> <tr> <td>Net Reimbursement</td> <td align="right"><u>\$73.95</u></td> </tr> </table>	Total Expense	<u>\$73.95</u>	Less: Prepayment/Advance	<u>\$0.00</u>	Net Reimbursement	<u>\$73.95</u>
Date/Time of Departure	<u>2/11/19</u>										
Date/Time of Return	<u>2/12/19</u>										
Total Expense	<u>\$73.95</u>										
Less: Prepayment/Advance	<u>\$0.00</u>										
Net Reimbursement	<u>\$73.95</u>										

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
2/12/19			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
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GUILFORD COUNTY SCHOOLS
2019 FEB 23 PM

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: _____ Date/Time of Departure <u>2/15/19</u> Date/Time of Return <u>2/17/19</u>	Total Expense <u>\$65.25</u> Less: Prepayment/Advance <u>\$0.00</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

Page 1
 A/P Approval [Signature]
 Accounting Approval [Signature]

02- 21.86 03- 37.39

