

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



62701

UNIT
NO.

410

CHECK NO 62701

ACCOUNT NUMBER	INVOICE #	DESCRIPTION	NET AMOUNT
8-6941-305-312-810-200-02	S.CONTRERAS102219	TRAVEL	147.17
8-6941-305-312-810-200-03	S.CONTRERAS102219	MEALS	25.03
8-6941-305-312-810-200-02	S.CONTRERAS1022193	TRAVEL	94.14
8-6941-305-312-810-200-03	S.CONTRERAS1022193	MEALS	19.57
8-6941-305-312-810-200-02	S.CONTRERAS1022195	TRAVEL	44.55
8-6941-305-312-810-200-02	S.CONTRERAS1022197	TRAVEL	20.76

FILE COPY



GUILFORD COUNTY SCHOOLS ADMINISTRATIVE UNIT
GREENSBORO, NORTH CAROLINA

NO. 62701

DATE
11/15/19

\$*****351.22

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

GUILFORD COUNTY SCHOOLS

Miscellaneous Reimbursement Request Form

Vendor Number 022741 Social Security No. _____

Payee Name Sharon L. Contreras

School/Department Superintendent 172.20

Amount of Reimbursement \$ 153.83 Budget Code 8-6941-305-312-810-200-03
MAXIMUM OF \$300.00 174.85 8-6941-305-312-810-200-02

Explanation of Reimbursement TAX 10.22.19

SEL Exchange-2019 - CASEL National Conference & Superintendent Roundtable

02	21.22	03	8.08
60.95	12.49	4.46	
1500			

Requested by Sharon L. Contreras Date 10/22/19

Approved by Deena Hays Date 11/1/19
(Supervisor)

02-147.17 03-25.03

INSTRUCTIONS FOR FORM FIN-F006

1. Form must be filled out completely.
2. Each request form must be signed by the person making the request and by the appropriate supervisor/principal, etc. (If the principal is making a request for reimbursement to the school, he or she may sign in the "Approved by" blank only.)
A/P Approval [Signature]
Accounting [Signature]
3. The space designated for "Explanation" should include a brief statement on the purpose for the expenditure being reimbursed.
4. All documentation (receipts, invoices, canceled checks, etc.) should be attached. The original copy of documentation must be included with the reimbursement request. Individual invoices may be attached as payment cannot be made from monthly statements. All receipts must include vendor's name and each receipt must indicate the item purchased. Small receipts or invoices (i.e. cash register tapes) should be taped or stapled to a sheet of paper to avoid being separated and lost.

Original - Accounts Payable

Copy - School/Individual

GUILFORD COUNTY SCHOOLS

Miscellaneous Reimbursement Request Form

Vendor Number _____ Social Security No. _____

Payee Name Sharon L. Contreras

School/Department Superintendent

Amount of Reimbursement \$ 122.95 Budget Code 8-6941-305-312-810-200-00
MAXIMUM OF \$300.00 113.71 8-6941-305-312-810-200-02

Explanation of Reimbursement 2019 CUBE 52nd Annual Conference

02-94.14 03-19.57
5.0 10.12 9/27-6.47 am 9/27 7.83 @
26.99 6.43 9/28-5.27 am

Requested by Sharon L. Contreras Date 10/22/19

Approved by Deena Hays Date 11/1/19
(Supervisor)

INSTRUCTIONS FOR FORM FIN-F006

1. Form must be filled out completely. VP Approval Accounting Approval
2. Each request form must be signed by the person making the request and by the appropriate supervisor/principal, etc. (If the principal is making a request for reimbursement to the school, he or she may sign in the "Approved by" blank only.)
3. The space designated for "Explanation" should include a brief statement on the purpose for the expenditure being reimbursed.
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Original - Accounts Payable

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- ☐ Advance
☒ Reimbursement

GUILFORD COUNTY SCHOOLS
Staff Development Travel Expense

FIN-F008
 10/08
 Rev.A

Vendor # _____ Social Security # _____
 Name(Type) _____
 Street Address Sharon L. Contreras, PhD
 City/State _____ Zip _____
 *Prepay _____
 Street Address _____
 City/State _____ Zip _____
 Budget Code 05 1044 305 312 810 200 02 School/Dept _____
 Purpose of Travel CGCS 2019 Annual Conference
 Job Assignment During Travel Attendee _____

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Sharon L Contreras</u> Date <u>10/28/19</u>		SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Deena Huynh</u> Date <u>11/1/19</u>	
Period Covered by Travel:		Total Expense	\$44.55
Date/Time of Departure	10/22/19	Less: Prepayment/Advance	\$0.00
Date/Time of Return	10/26/19	Net Reimbursement	\$44.55

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				
10/28/19	10/23/2019	10/23/2019	O	XX	\$13.19	D				\$24.19
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
10/28/19	10/25/2019	10/25/2019	O	XX	\$7.17	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					\$20.36	Total Subs	\$0.00	\$0.00	Total Other	\$24.19

A/P Approval _____

Accounting Approval _____

GUILFORD COUNTY SCHOOLS

Miscellaneous Reimbursement Request Form

Vendor Number _____

Social Security No. _____

Payee Name Sharon L. Contreras

School/Department Superintendent

Amount of Reimbursement \$ 20.76
MAXIMUM OF \$300.00

Budget Code 8-6941-305-312-810-200-02

Explanation of Reimbursement 2019 Leadership Council Retreat

02 - 20.76

Requested by Sharon L. Contreras

Date 10/28/19

Approved by Aleen Hays
(Supervisor)

Date 11/1/19

INSTRUCTIONS FOR FORM FIN-F006

1. Form must be filled out completely.

A/P Approval [Signature]

Accounting Approval [Signature]

2. Each request form must be signed by the person making the request and by the appropriate supervisor/principal, etc. (If the principal is making a request for reimbursement to the school, he or she may sign in the "Approved by" blank only.)

3. The space designated for "Explanation" should include a brief statement on the purpose for the expenditure being reimbursed.

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