

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



61054

UNIT
NO.

410

CHECK NO 61054

ACCOUNT NUMBER	INVOICE #	DESCRIPTION	NET AMOUNT
8-6941-305-312-810-200-02	S.CONTRERAS072219	TRAVEL	117.23
8-6941-305-312-810-200-02	S.CONTRERAS082119	TRAVEL	18.46

FILE COPY



GUILFORD COUNTY SCHOOLS ADMINISTRATIVE UNIT
GREENSBORO, NORTH CAROLINA

NO. 61054

DATE
08/30/19

\$*****135.69

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

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 02 School/Dept _____
 Purpose of Travel Aspen Convening, Council of the Great City Schools and Learning Forward BOT
 Job Assignment During Travel Attend meetings

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>7/22/19</u>		SUPERVISOR APPROVAL: This is a true and accurate statement of expenses incurred in discharging official business duties. Signature <u>Deena Haynes</u> Date <u>7/22/19</u>	
Period Covered by Travel:		Total Expense	<u>\$118.30</u>
Date/Time of Departure	<u>7/18/19</u>	Less: Prepayment/Advance	<u>\$0.00</u>
Date/Time of Return	<u>7/21/19</u>	Net Reimbursement	<u>\$118.30</u> <u>11725</u>

Travel (Show each city visited)			Transportation			Subsistence			Other	
Date	From	To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	Amount
7/18/19			P		\$0.00	B				
			A	XX		L				
			O	XX	✓ \$10.00	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX	14.79	L				
7/20/19			O	XX	\$15.86	D				
			R	XX		H				
						TOT	\$0.00	\$0.00		
			P		\$0.00	B				
			A	XX		L				
7/21/19			O	XX	✓ \$92.44	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					\$118.30	Total Subs	\$0.00	\$0.00	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

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 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 <u>2/15/19</u> Date/Time of Return <u>2/17/19</u>		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		
Page 1			Total Transportation		\$6.46	Total Subs	\$0.00	\$0.00	Total Other	\$12.00

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