4126.a

Gilmer County Schools

Dr. Clacy Williams, Superintendent
201 N. Court Street
Glenville, WV 26351
(304) 462-7386

(Code-_____)

TRAVEL EXPENSE ACCOUNT

OF _____

TITLE _____

ADDRESS _____

_____

Mode of Transportation _____

(State purpose of trip on reverse side)

All claims for reimbursement other than mileage & meals must be accompanied by a receipt for the expenditure.

DATE	FROM (Explain Other Expense) TO	MILEAGE	TRANS-PORTA-TION	HOTEL	MEALS	OTHERS	TOTAL

STATE OF WEST VIRGINIA)
COUNTY OF GILMER) TO WIT:

I, the undersigned, do solemnly swear that the above expense account is just, accurate and true, and is claimed for cash expended for the purpose named in this statement.

, subscribed, and sworn before me this _____ day of _____, 19____. My commission expires on the _____ day of _____, 19 _____.

LIST PURPOSE OF TRAVEL ON REVERSE SIDE

_____
Signature of Person Filing Account

_____
Notary Public

_____
Superintendent of Schools