

**Personnel Expense Form**

Date: This form is due at the Unit Office the first week of the month that payment is expected.  
All WCSED personnel must have the approval of the Director or Supervisor prior to the Principal.

Date	Meetings Attended/Places Visited	Mileage

(Attach additional sheets if needed but put totals on front page.)

Total Miles \_\_\_\_\_  
\$ \_\_\_\_\_

List Actual Expense

Registration Fee \$ \_\_\_\_\_  
 Travel (Public Carrier) \$ \_\_\_\_\_  
 Meals \$ \_\_\_\_\_  
 Lodging \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**Totals** \$ \_\_\_\_\_  
 Less Advance \$ \_\_\_\_\_  
**Amount Due** \$ \_\_\_\_\_

Attach Receipts

Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_

If approved, initial and date in order indicated.

1. Dir./Supv. \_\_\_\_\_ Date \_\_\_\_\_ 2. Prin. \_\_\_\_\_ Date \_\_\_\_\_  
 3. Asst. Supt. \_\_\_\_\_ Date \_\_\_\_\_ 4. Supt. \_\_\_\_\_ Date \_\_\_\_\_  
 Account No. - \_\_\_\_\_

DATED: July 2012