

# CERTIFICATION OF ATTENDANCE

## 2008 Summer Conference

**THIS FORM MUST BE FILLED OUT COMPLETELY AND ATTACHED TO YOUR REIMBURSEMENT FORM OR YOU WILL NOT BE REIMBURSED FOR YOUR EXPENSES.**

(PLEASE PRINT)

I, \_\_\_\_\_ do hereby certify under criminal penalty for making false statement in violation of O.C.G.A. § 16-10-20, that the above statements are true and I have incurred the above expenses and authorized use of mileage in the discharge of my official duties.

I attended \_\_\_\_\_ hours at the 2008 Prosecuting Attorneys' Council of Georgia Summer Conference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bar or POST Number: \_\_\_\_\_

### MAXIMUM REIMBURSEMENT RATES:

Breakfast:	\$7.00
Lunch	\$9.00
Dinner	\$20.00
Lodging	\$115.00
Mileage	\$0.505



PROSECUTING ATTORNEYS' COUNCIL OF GEORGIA

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STATE TRAVEL REIMBURSEMENT

NAME: TITLE: STATE PAID: NON-STATE PAID: SOCIAL SECURITY NO: OFFICE TELEPHONE NO: CIRCUIT: OFFICE ADDRESS: CITY: STATE: ZIP: Complete this portion only if reimbursement is to be sent to someone other than employee: ASSIGNMENT: I HEREBY ASSIGN PAYMENT TO: NAME: MAILING ADDRESS: CITY: STATE: ZIP:

List the name(s) of everyone who is entitled to reimbursement from PAC and with whom you shared a room:

PURPOSE: Attended 2008 Summer Conference FOR PERIOD FROM: 7/27/2008 TO: 7/30/2008

All reimbursements are subject to State Law and current Council Travel and Training Regulations. A receipt or other similar documentation must be attached for lodging expenses submitted for reimbursement. See O.C.G.A. §45-7-29

Table with columns: DATE, DEPARTURE (TIME, LOCATION), ARRIVAL (TIME, LOCATION), SUBSISTENCE (B'FAST, LUNCH, DINNER, LODGING), TOTALS, PAC USE ONLY (APPROVED). Includes rows for MILEAGE, GASOLINE, and OTHER EXPENDITURES.

CERTIFICATION: I certify under criminal penalty for making a false statement in violation of O.C.G.A. §16-10-20, that the above statements are true and I have incurred the above expenses and authorized use of mileage in the discharge of my official duties.

SIGNATURE: DATE:

ELECTED'S SIGNATURE: DATE:

Accounting Use Only table with columns: VENDOR ID, TERMS, ORGANIZATION NO., PAYMENT APPROVED, VOUCHER ID, ACCOUNT, AMOUNT, DESCRIPTION. Includes rows for 64001-64004 and a TOTAL row.

