

CERTIFICATION OF ATTENDANCE

2009 Fundamentals of Prosecution

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 2009 Prosecuting Attorneys' Council of Georgia Fundamentals of Prosecution Course.

Signature _____ Date _____

Bar or POST Number: _____

MAXIMUM REIMBURSEMENT RATES:

Lunch	\$7.00
Dinner	\$15.00
Lodging	\$105.00
Mileage	\$0.585



PROSECUTING ATTORNEYS' COUNCIL OF GEORGIA

104 Marietta Street, Suite 400, Atlanta, Georgia 30303 (404) 969-4001 Fax: (404) 969-0017



STATE TRAVEL REIMBURSEMENT

NAME: TITLE: STATE PAID: NON-STATE PAID (Check One) 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: 2009 Fundamentals of Prosecution FOR PERIOD FROM: 1/21/2009 TO: 1/23/2009

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 described expenses and authorized use 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 TRAVEL-MILEAGE, TRAVEL-MEALS, TRAVEL-LODGING, TRAVEL-OTHER, and a TOTAL row.

