CERTIFICATION OF ATTENDANCE
2009 Winter 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 2009 Prosecuting Attorneys' Council of Georgia Winter Conference.

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 (404) 969-0017

PAC
Prosecuting Attorneys' Council of Georgia

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 Winter Conference** 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

DATE	DEPARTURE		ARRIVAL		SUBSISTENCE				TOTALS	PAC USE ONLY
	TIME	LOCATION	TIME	LOCATION	B'FAST	LUNCH	DINNER	LODGING		APPROVED
				TOTAL:						
1	**MILEAGE**		**MILES AT**	**0.585**	**per mile: (must be supported by mileage record on reverse side)**					
2	**GASOLINE; Oil: (Explain on reverse side)**									
3	**OTHER EXPENDITURES: (Explain on reverse side and attach receipts)**									
								TOTAL EXPENDED:		

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

VENDOR ID	TERMS	ORGANIZATION NO.	PAYMENT APPROVED	VOUCHER ID

ACCOUNT	AMOUNT	DESCRIPTION
64001		TRAVEL-MILEAGE
64002		TRAVEL-MEALS
64003		TRAVEL-LODGING
64004		TRAVEL-OTHER
TOTAL		

Please complete the applicable section(s). Sections 1 & 2 are for state-paid personnel & faculty.

1 PERSONAL VEHICLE - MILEAGE **Vehicle: Year Make Model**

DATE	ORIGIN	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
				TOTALS			

NOTE: TOTAL MILEAGE MINUS PERSONAL MILEAGE MUST EQUAL STATE USE MILEAGE

2 COUNTY OWNED VEHICLE - MILEAGE **Vehicle: Year Make Model**

DATE	ORIGIN	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
				TOTALS			

NOTE: TOTAL MILEAGE MINUS PERSONAL MILEAGE MUST EQUAL STATE USE MILEAGE

3 STATE OWNED VEHICLE - MILEAGE **Vehicle: Year _____ Make _____ Model _____ ID NO. _____**
(ATTACH RECEIPTS FOR GAS AND OIL)

DATE	ORIGIN	DESTINATION	VENDOR NAME	AMOUNT OF PURCHASE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
			TOTAL GAS AND OIL				

4 OTHER EXPENDITURES (ATTACH RECEIPTS)

DATE	TIRES, REPAIRS AND MAINTENANCE, PARKING, TAXI, TOLLS, TUITION, AIRFARE & OTHER EXPENDITURES (PLEASE EXPLAIN)	AMOUNT
	TOTAL AMOUNT (List on other side)	