

JD-ES-167 Rev. 10-19

1. Type or print legibly.
2. Send original to address below.
3. Retain copy for your records.

Month/Year (Only one form per month)

Employee name	Bargaining unit	Class title
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Home address	Division	Work address
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Total in-state expenses

Division Certification: I certify that, to the best of my knowledge, the services performed and the expenses incurred as stated in this account, except as noted, were necessary and proper, and that the amounts claimed are just and reasonable, except as noted.

Employee signature		Date	Authorization signature		Date
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Authorization signature

Date