

**DISTRICT FINANCIAL SERVICES
COUNTY FORM NO. 60**

CERTIFICATION OF EMPLOYEE TRAVEL & CONFERENCE EXPENSE

Conference Date(s): _____

Conference Name/Location: _____

Attendee(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify the attached list of attendees are employees of the _____ (District)
and the expenses incurred represent legal charges of said district.

Authorized Agent Signature
(Must have Co. Form 2 on file with DFS)

Date