

**\*Please complete this form, attach endorsed check from County Clerk, and send to HR Director.**

## Jury Duty Reimbursement Form

Name:	School:
Date(s) of Jury Duty:	
Travel Reimbursement:	
Total number of day/s _____ X \$5.00 =	
Signature:	Date:

### Office Use Only

HR Director:	Date:
Business Manager:	Date:
Account #	

07/24/18