LOCAL TRAVEL RECORD FOR EMPLOYEES

Name of Employee _____ **Position** _____

School or Office _____

DATE	FROM (Location)	TO (Location)	MILES TRAVELED AT ____ CENTS/MILE	TOTAL ($0.00)

I hereby certify that the above travel was for visitations in connection with School Board assignments.

_____

Signature of Employee

Date _____

Use as many pages as necessary, but place totals and signature on top page only.

Reimbursable Expense $ _____

Code Number _____

Date _____

Total This Sheet	
Total Sheet 2	
Total sheet 3	
Total Sheet 4	
GRAND TOTAL	

This is to certify that this approved travel was made for official business only and the amount indicated has been paid to the School Board employee.

_____

Signature of Superintendent/Designee

Date _____

DISTRIBUTION: One copy to Superintendent
One copy to Employee

Review/Revised:2/28/2000