

Monthly In-District Travel Report Pickens County Board of Education

NAME _____ POSITION _____ MONTH/YEAR OF REPORT _____

DIRECTIONS: Complete all sections and return to the CSFO by 3rd of every month.

DATE	MEAL TICKETS & OTHER	CONFERENCE	MILES*	DESTINATION	PURPOSE
Totals	\$0.00	\$0.00	0		
* Original receipts for all claims must be attached in accordance with local policies. NOTE: Receipts must accompany all expenses claimed except mileage.			TOTAL Miles X .70 (Local Rate) =		\$0.00
			PLUS TOTAL OTHER EXPENSES +		\$0.00
			TOTAL CLAIM =		\$0.00
ACCOUNT NUMBER _____			*Mileage starts from the school location where your day begins and ends where you finish your day.		
DATE PAID _____ CHECK # _____					

I the undersigned employee, accept full responsibility for this report and certify that the contents are valid and true.

EMPLOYEE

DATE

PRINCIPAL/DIRECTOR APPROVAL

DATE

CHIEF SCHOOL FINANCIAL OFFICER APPROVAL

DATE