

**ALEXANDER CITY BOARD OF EDUCATION
IN-SYSTEM ITINERANT TRAVEL REPORT FORM - OT/PT**

Employee Name: _____

Date: _____

School/Location: _____

Reimbursement From: School Board (Authorization Attached) (Include Board Travel Account Number)

Board Travel Account Number

Date	Time	Place (s) Visited	Purpose(s) of trip(s)	Number of Miles	Rate	Reimbursable Amount Owed
					\$ 0.655	\$ -
					\$ 0.655	\$ -
					\$ 0.655	\$ -
					\$ 0.655	\$ -
					\$ 0.655	\$ -
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					\$ 0.655	\$ -
					\$ 0.655	\$ -
					\$ 0.655	\$ -
					\$ 0.655	\$ -
					\$ 0.655	\$ -
Total Reimbursable Mileage						\$ -

I certify that to the best of my knowledge and belief the above travel claim is correct and due for travel reimbursement.

_____ Applicant Signature Date

Approved for Payment

_____ Principal Signature Date

_____ CSFO Signature Date

_____ District Coordinator Signature (if applicable) Date

_____ Superintendent Signature (if applicable) Date