DeKalb County
Board of Education
Every student counts, every moment matters.

Travel Period

From _____

To _____

Mileage Reimbursement Request

In-county travel

Place / Purpose	*Miles traveled*	*Mileage (x.65.5/mile)*
Total from page # _____ (if applicable)		
Total		

I hereby certify to the correctness of the above travel and it was incurred in the performance of official duties.

_____

Name & Position

Page ____ of _____