



**Chilton County Board of Education
Monthly Travel Expense Claim Form**

| | |
|--|-----------------|
| Name: _____ | Location: _____ |
| Address: _____ | Position: _____ |
| Current Approved Mileage Rate \$0.585 | |

This form shall be completed on a monthly basis and submitted to your immediate supervisor by the 5th of the month following the month of travel. Your immediate supervisor is responsible for forwarding this form to the CSFO no later than the 15th of the month.

| DATE | FROM | TO | MILES TRAVELED | PURPOSE OF TRAVEL | AMOUNT |
|-----------------------|------|----|----------------|-------------------|--------|
| | | | | | \$0.00 |
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| | | | | | \$0.00 |
| Total Miles Traveled: | | | 0.00 | | \$0.00 |

I certify that the expenses listed above were: made by me in my privately owned vehicle; made at my own personal expense; made during the performance of my duties as assigned in the month of: _____.

Certifying Signature of Traveler

Approved: Signature of Immediate Supervisor

Funding Account Code Provided by CSFO

Approved: Superintendent of Education