Elmore County Board of Education

In System Travel Reimbursement Claim

Employee Name: ______________________ **Date:** ______________________

GL # ______________________

Date	Description of Travel	# of Miles	.70 Per Mile	Amount Earned
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			0.70	
			TOTAL	

I hereby certify that the mileage herein claimed was in performance of official duties for the Elmore County Board of Education.

______________________ ______________________

Employee's Signature Date Supervisor's Signature Date