ALEXANDER CITY BOARD OF EDUCATION
IN-SYSTEM ITINERANT TRAVEL REPORT FORM

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	$ -
					$ 0.655	$ -
					$ 0.655	$ -
					$ 0.655	$ -
					$ 0.655	$ -
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					$ 0.655	$ -
					$ 0.655	$ -
					$ 0.655	$ -
					$ 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 **Date**