

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

Revised: 01/10/2022

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

School/Location: \_\_\_\_\_

Reimbursement From:  School

Board (Authorization Attached) (Include Board Travel Account Number)

Board Travel Account Number 11-51100-382-8100-6001-0-2900-0000-900501

Date	Time	Place (s) Visited	Purpose(s) of trip(s)	Number of Miles	Rate	Reimbursable Amount Owed
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
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					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
					\$ 0.585	\$
<b>Total Reimbursable Mileage</b>						\$

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