

**Elmore County Board of Education**  
**In System Travel Reimbursement Claim**

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

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

**GL #** \_\_\_\_\_

Date	Description of Travel	# of Miles	.67 Per Mile	Amount Earned
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
			0.67	0.00
<b>TOTAL</b>				<b>0.00</b>

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

\_\_\_\_\_  
Employee Signature      Date

\_\_\_\_\_  
Supervisors Signature      Date