

Monthly Travel Report Pickens County Board of Education

NAME _____ POSITION _____ MONTH/YEAR OF REPORT _____

DIRECTIONS: Complete all sections and return to the Superintendent by 3rd of every month. If the report is late, you will have to wait until the next month for payment.

DATE	MEAL TICKETS & OTHER	CONFERENCE	MILES*	DESTINATION	PURPOSE
Totals	\$0.00	\$0.00	0		
* Original receipts for all claims must be attached in accordance with local policies. NOTE: Receipts must accompany all expenses claimed except mileage.			TOTAL Miles X .585 (Local Rate) =		\$0.00
			PLUS TOTAL OTHER EXPENSES +		\$0.00
			TOTAL CLAIM =		\$0.00
ACCOUNT NUMBER _____	DATE PAID _____ CHECK # _____		*Mileage starts from the school location where your day begins and ends where you finish your day.		

I the undersigned employee, accept full responsibility for this report and certify that the contents are valid and true.

EMPLOYEE _____

APPROVAL _____

DATE _____

DATE _____