

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 |
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| Totals | \$0.00 | \$0.00 | 0 | | |

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|--|---|-----------------------------------|--------|-----------------------------|--------|----------------------|---------------|
| <p>* Original receipts for all claims must be attached in accordance with local policies. NOTE: Receipts must accompany all expenses claimed except mileage.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TOTAL Miles X .625 (Local Rate) =</td> <td style="width: 30%; text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>PLUS TOTAL OTHER EXPENSES +</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>TOTAL CLAIM =</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> </table> | TOTAL Miles X .625 (Local Rate) = | \$0.00 | PLUS TOTAL OTHER EXPENSES + | \$0.00 | TOTAL CLAIM = | \$0.00 |
| TOTAL Miles X .625 (Local Rate) = | \$0.00 | | | | | | |
| PLUS TOTAL OTHER EXPENSES + | \$0.00 | | | | | | |
| TOTAL CLAIM = | \$0.00 | | | | | | |
| ACCOUNT NUMBER _____ | TOTAL CLAIM = _____ | | | | | | |
| 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 _____