

**LAUDERDALE COUNTY SCHOOLS
TRAVEL REPORT**

PERSON _____ **LOCATION** _____ **MONTH** _____ **YEAR** _____

Refer to TRAVEL REIMBURSEMENT PROCEDURES for instructions.

Date	Purpose, place, person(s) contacted	Mileage	Time Left	Time Returned	Breakfast	Lunch	Dinner	Lodging

TOTALS								
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_____	Total Official Mileage for Month	_____
Fund/Account	Current Rate for Mileage	x .47
	Amount Claimed for Mileage	+ _____
_____	Amount Claimed for Lodging	+ _____
Fund/Account	Amount Claimed for Meals	+ _____
	Miscellaneous expenses	+ _____
	TOTAL AMOUNT DUE	_____

NOTE: ATTACH ALL REQUIRED RECEIPTS.

I CERTIFY THE ABOVE TO BE A CORRECT STATEMENT OF MY MILEAGE AND ELIGIBLE RECEIPTS FOR THE TRAVEL COVERED BY THIS REPORT.

EMPLOYEE SIGNATURE _____
SUPERVISOR SIGNATURE (if required) _____
DIRECTOR OF FINANCE SIGNATURE _____
SUPERINTENDENT'S SIGNATURE (if required) _____