**TISHOMINGO COUNTY SCHOOLS MONTHLY TRAVEL LOG**

**MONTH** _____ **YEAR** _____

**EMPLOYEE NAME:**

| DATE | FROM | TO | TOTAL MILES |
|---|---|---|---|
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| | | Total Mileage for Month | |
| | | | per mile $0.655 |
| | | Total Request for Reimbursement | |

**I certify that the above expense was incurred in the performance of official school business.**

_____ _____

**Signature of Employee** **Approved: Supervisor**

***Revised 1/1/2023***