WAKULLA COUNTY SCHOOL BOARD
FINANCE DEPARTMENT- MONTHLY REPORT OF LOCAL TRAVEL EXPENSES

Please complete form after the end of the month; give to your supervisor to approve and submit for payment. "ODOMETER READING" shall be used if mileage claimed is not shown on our "SCHEDULE OF LOCAL TRAVEL".

Employee Name: Reimbursement request for the month of:

Position and Location: 20

Date	Time Departed	Time Returned	Purpose of Trip & Person Contacted	Origin	Destination	Meals (x)	Odometer Reading Beginning/End	Auto Mileage

I certify that this travel claim is true and correct in every material matter:

Signature:

Approved By Signature: Approved by Superintendent:

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Leave Blank