Darlington County School District
In-District Travel Request for Reimbursement Form

Name: ______________________ Vendor # ____________

School/Office ______________________ Month/Year ____________

Date	Beginning Point	Ending Point	Purpose of Travel (Required)	Miles	Rate	$ Amount
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						Total This Page: $ -

***Mileage from home to office should not be included in miles traveled.**

Account Number: ______________________ Amount: ____________

Account Number: ______________________ Amount: ____________

Grand Total All Pages for this Travel Request: ____________

Employee Signature/Date: ______________________

Principal/Supervisor Signature/Date: ______________________

Fund Manager Signature/s /Date: ______________________

5/1/2022