

**Darlington County School District
In-District Travel Request for Reimbursement Form
New Milage Rate Effective 7/1/2022**

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.

Total This Page: \$ -

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: _____