WHITLEY COUNTY BOARD OF EDUCATION

MONTHLY REPORT OF REIMBURSABLE TRAVEL

NAME: ______________________________

MONTH OF: ____________________ 20 ______

SCHOOL/LOCATION: ______________________

CHECK APPROPRIATE BOX:

☐	GENERAL FUND	☐	TITLE I
☐	FAMILY RESOURCE	☐	TITLE II
☐	VOCATIONAL	☐	
☐	PROF. DEVELOPMENT		
☐	OTHER (SPECIFY): ______________		

B. TRAVEL IN CONNECTION WITH SUPERVISION, MEETINGS, ETC. IN WHITLEY COUNTY

DATE	PERSON OR PLACE VISITED	PURPOSE OF TRIP OR HOW TIME WAS SPENT	NO. OF MILES
		____________ X ________ = TOTAL MILES	

PRESENTED BY:

____

EMPLOYEE DATE

APPROVED BY:

____

SUPERVISOR/PRINCIPAL DATE

AMOUNT SUBMITTED FOR REIMBURSEMENT

☐

*****YOU MUST ATTACH ALL APPLICABLE RECEIPTS*****