11/1/2018

Tuscaloosa City Schools
Travel Report Request for Reimbursement
In-City Travel

Name: **Location:**

Date	Miles	From	To	Purpose of Travel
Total Miles	-	**0.545/mile**	**(current rate) =**	**$** -

I certify the the above information is correct.

Signature of Traveler: **Date:**

Signature of Principal: **Date:**

THE TRADITIONAL TRAVEL REIMBURSEMENT FORM MUST BE COMPLETED AND ATTACHED TO THE DETAILED FORM IN ORDER TO PROCESS ANY IN CITY TRAVEL REIMBURSEMENT