Reset Form

ST. CLAIR COUNTY BOARD OF EDUCATION
TRAVEL REIMBURSEMENT FORM

NAME:____________________ **SCHOOL:**____________________
(SOCIAL SECURITY NAME)

HOME ADDRESS:____
CITY ZIP

FUND SOURCE: General Fund
(STATE PROFESSIONAL DEVELOPMENT, SPECIAL ED, TITLE PROGRAMS (SPECIFY), ETC.)

DATE	TRAVEL FROM	TRAVEL TO	PURPOSE OF TRAVEL	Round Trip	# OF MILES
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				TOTAL # OF MILES	0.00

Travel other than school to school must be accompanied by mapquest

0.00 **# OF MILES x** .67 **/MILE=** $0.00

I HEREBY CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF TRAVEL INCURRED BY ME IN THE PERFORMANCE OF OFFICIAL DUTIES FOR THE ST. CLAIR COUNTY BOARD OF EDUCATION.

EMPLOYEE'S SIGNATURE:______________________________ **DATE:**__________

PRINCIPAL'S SIGNATURE:______________________________ **DATE:**__________

COORDINATOR'S SIGNATURE:______________________________ **DATE:**__________

SUPERINTENDENT'S SIGNATURE:______________________________ **DATE:**__________

(SCCBOE TRAVEL/EXPENSE REIMBURSEMENT – REV. 2024.1)