WACO INDEPENDENT SCHOOL DISTRICT MONTHLY IN-DISTRICT EMPLOYEE TRAVEL REPORT

							Pg.		of	
Name					Empl ID #		Vendor #		Month/ Year	
Address										
City		T				State	TX	Zip Code		
Home Campus										
Budget Cod	е									
	Loc	ation	Dor	son						Miles
Date	From To Contacted		Reason for Visit / Official Duties Performed				Traveled			
Total Miles Page Total Miles per Page:										0
Total Pg 1	0	Total Pg 2	0	Total Pg 3	0	Total Pg 4	0	Total Pg 5	0	0
		3 1 1 1 1 1 1 1 1 1		· · · · · · · ·	<u> </u>	· · · · · ·	Total Car M			0
Total Car Mileage		0 @			.535	per mile		Total Amt. Due \$0.0		
I certify that th policies and re						e in the perform	mance of my	official duties	in accordar	ce with the
Employee Signature								Date:		

Supervisor Signature

Date: