## SHEFFIELD CITY SCHOOLS Notice of Official Local Travel

Month/Day	Miles	Points of Travel
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		\$0.67 Mileage Rate = \$  Total Travel Reimbursement

## Certification and Approval (complete the first five lines, then send to Business Office)

Claimant's Signature:	Date:	
Claimant's Mailing Address:		
Administrator's Signature:	Date:	
Vendor Number:		
Account Number:		
CSFO's Signature:	Date:	