Daily Travel Log

Name:	Position/Dept.:

Address:	City, State ZIP:

		Time			
Date	Place Traveled To and Purpose	Departed	Returned	Mileage	Total Miles
	Total Due @ .67 a mile				

I certify the above to be a correct statement of my official mileage for the dates specified.

please use 2 forms if additional space is needed

Signed: _____

Traveler/Payee **Date**

Approval: _____

Department Head **Date**

Approval: _____

Director of Schools **Date**

Account: _____