# District Monthly In-District Employee Travel Report

Name:				Employee #		Vendo	or #	Month/Ye	ar
Address:				- -	City	-	TX Zip Code		
Home Ca									
Budget Co	ode:								-
Date		Locatior From	ו To	Persor	Contacted	Reason for	Visit / Duties P	erformed	Miles Traveled
								Total	

Total Pg 1		Total Pg 2		Total Pg 3		Total Pg 4		Total Pg 5		
Total Car N	1ileage		@	0.70	Total Amount Due					
I Certify th	I Certify that the above expenses are true and correct and were incurred by me in the performance of my official duties in									
accordance	e with the p	olicies and re	gulations o	of the Waco In	ndependen	t School Distr	ict.			
Employee	Employee Signature: Date:									
Supervisor	Supervisor Signature: Date:									

	Monthly in District Employee navel hepoint						
Name:	En	nployee #		Vendor #		Month/Year	

Date	Location From To	Person Contacted	Reason for Visit / Duties Performed	Miles Traveled
			Total	

	Monthly in District Employee navel hepoint						
Name:	En	nployee #		Vendor #		Month/Year	

Date	Location From To	Person Contacted	Reason for Visit / Duties Performed	Miles Traveled
			Total	

	Monthly in District Employee navel hepoint						
Name:	En	nployee #		Vendor #		Month/Year	

Date	Location From To	Person Contacted	Reason for Visit / Duties Performed	Miles Traveled
			Total	

	Monthly in District Employee navel hepoint						
Name:	En	nployee #		Vendor #		Month/Year	

Date	Location From To	Person Contacted	Reason for Visit / Duties Performed	Miles Traveled
			Total	