FORM 100

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
ODESSA, TEXAS
MONTHLY IN-DISTRICT TRAVEL REPORT
FOR THE MONTH OF _____, 200__

_____BUDGET ACCOUNT NUMBER

NAME:_____SS#:
(Name as on Payroll files)

CAMPUS: POSITION:

| DATE | TRAVEL TO | REASON FOR TRAVEL | TOTAL MILES |
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I hereby certify this information is true and correct. Total_____

Signature_____ Total Miles x $ _____ = $_____

Date _____

Approved by:_____Date:_____

| DATE | TRAVEL TO | REASON FOR TRAVEL | TOTAL MILES |
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