BUTLER COUNTY BOARD OF EDUCATION
STATEMENT OF TRAVEL

NAME:_____PERIOD:_____to _____, _____

APPROVALS: Department Head_____ Program Director_____

Source of Funds:_____

	POINTS OF TRAVEL			TOTAL	MILEAGE				
DATE	FROM	TO	PURPOSE	MILES	*(TOTAL MILES x .725)*	MEALS	ROOM	MISC.	AMOUNT
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
					0				$ 0
			TOTAL EACH COLUMN	0	0	0	0	0	$ 0

Detail miscellaneous expenses and furnish receipts when required. Receipts for meals and room **must be attached. For out of county/state travel always attach approval forms. Use extra forms when necessary. Miscellaneous includes parking, tips, telephone, etc.**	**TOTAL EXPENSE**	$ 0

I hereby certify that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel authority granted me.

_____ _____ _____ _____

Signature of Traveler ***Date*** ***Superintendent's Approval*** ***Date***

All requests for travel reimbursement (Travel Voucher or Statement of Travel) must be completed and received at the Central Office within *30 days* from the date of travel completion. Failure to submit travel reimbursement forms within the required timeframe shall result in reimbursement being denied except in extreme circumstances.

January 1, 2026