District Monthly In-District Employee Travel Report

Clear Form

Name:		Employee #		Vendor #		Month/Year	
Address:		City		TX	Zip Code		

Home Campus:	
Budget Code:	

Date	Location From To	Person Contacted	Reason for Visit / Duties Performed	Miles Traveled
			Total	0

Total Pg 1	0	Total Pg 2	0	Total Pg 3	0	Total Pg 4	0	Total Pg 5	0
Total Car Mileage	0.0	@	0.760				Total Amount Due		0.00

I Certify that the above expenses are true and correct and were incurred by me in the performance of my official duties in accordance with the policies and regulations of the Waco Independent School District.

Employee Signature:	Date:
Supervisor Signature:	Date:

7/01/2026

Waco Independent School District
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