

NAME	POSITION	MONTH/YEAR OF REPORT
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DATE	MEAL TICKETS & OTHER	CONFERENCE REGISTRATION	MILES*	DESTINATION	PURPOSE
Totals	\$0.00	\$0.00	0		
			TOTAL Miles X .76 (Local Rate) =		\$0.00
			PLUS TOTAL OTHER EXPENSES +		\$0.00
			TOTAL CLAIM =		\$0.00
ACCOUNT NUMBER _____			*Mileage starts from the beginning location where your day begins and ends where you finish your day.		
DATE PAID _____ CHECK # _____					

EMPLOYEE _____

DATE _____

CHIEF SCHOOL FINANCIAL OFFICER APPROVAL

DATE _____