TRAVELER _____ **PAY FROM FUNDS** _____

Monthly Report for _____, 20____

Date	Individual or Place Visited	Purpose of Visit	No. of Miles

Total Miles _____

Total Amount Due for Travel @ $.76 per mile = _____

Travel for Year _____ **Spent to date** _____ **Balance** _____

The above is an accurate report of the work and travel done by me during this time indicated.

APPROVED: _____ **SIGNED:** _____

(Superintendent) **(SUPERVISOR)**