

LOWNDES COUNTY PUBLIC SCHOOLS
TRAVEL REPORT
OUT-OF-STATE

NAME _____ PERIOD _____

TITLE _____ LOCATION _____

NOTES:

1. List the name and/or address of individual or place visited.
2. Do not estimate. List mileage accurately and to the nearest whole mile, unless mileage has been assigned for the destination.
3. Staple pages together if more than one page is required.
4. No reimbursement for travel expenses will be made unless form is fully completed and properly executed.
5. If travel is by air, train or bus, attach a copy of the ticket.

A. Transportation from _____ to _____ and return by:
 (a) _____ Air: (b) _____ Train: (c) _____ Bus: (d) _____ Personal Automobile
 _____ total miles at _____ per mile=\$ _____
 TOTAL TRANSPORTATION \$ _____

Purpose of travel: _____

B. Subsistence Expense (attach original receipts)

Date	Hotel/Motel	Breakfast	Lunch	Dinner	Total
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL SUBSISTENCE

C. Miscellaneous Expenses (**itemize and attach original receipts**)

_____ Amount \$ _____

Grand Total of Expenses \$ _____

Less Advance - \$ _____

TOTAL DUE \$ _____

I hereby certify that the above stated travel was necessary as a part of my job for the Lowndes County BOE

Total Miles This Report	_____
48.5 (rate per mile)	_____
Total Mileage Claim	_____
+subsistence (if any)	_____
TOTAL CLAIM	_____

Employee's Signature (Traveler)

Supervisor's Signature

Superintendent's Approval