FILE: GALE-F2
ECCHB-F2

CHILTON COUNTY BOARD OF EDUCATION

1705 Lay Dam Road
Clanton, Alabama 35045

MONTHLY TRAVEL EXPENSE CLAIM FORM

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NOTE: This travel claim form is to be used by personnel who are scheduled to travel on a regular basis from school/site to school/site. It should be kept daily and submitted for payment on a monthly basis.

TRAVEL FOR MONTH OF _____, 20_____

DATE	TRAVEL TO	PURPOSE OF TRAVEL	TOTAL MILES

TOTAL MILES TRAVELED FOR MONTH =_____

TRAVLER SIGNATURE _____

By signing this form I certify that to the best of my knowledge and belief the above information is correct and an accurate reflection of the costs associated with my travel for the month.

SIGNED: _____ APPROVED FOR PAYMENT: _____

Principal/Work Site Supervisor Superintendent