

Cumberland County Board of Education Travel Report

Name: _____ Position: _____

School: _____ Certified: _____ Non-Certified: _____

Purpose for travel _____ Month of _____, 20____
 (name of conference, workshop, etc.)

DATE	FROM (CITY)	TO (CITY)	EXPENSES (motel, meals, etc.)	Departure Time	Arrival Time	Miles	Cost

I certify the above to be a correct statement of mileage and other expenses for the month covered by this report.

Employee Signature _____

Mailing Address _____

Principal _____

Approved by: _____

Budget Code _____