

LOGAN COUNTY BOARD OF EDUCATION

IN-COUNTY TRAVEL EXPENSE ACCOUNT

MONTH OF _____, 20____

NAME : _____ **WORK LOCATION:** _____ **EXPENDITURE CODE:** _____
TITLE: _____ **VENDOR CODE:** _____ Homebound Itinerant Parent
ADDRESS: _____ **DATE SUBMITTED:** _____ Administrative Other

Date	From	To	Purpose of Travel	School or Person Visited	Mileage	Amount	Misc.	Total
TOTALS								

I, the undersigned, do solemnly swear the above expense account is just, accurate, and true, and is claimed for cash expended for the purpose itemized in the statement. Taken, subscribed, and sworn before me this _____ day of _____, 20____

Notary Public _____

No reimbursement allowed if not submitted within sixty (60) days.
 Signature of Person Filing Account _____
 Approved by Supervisor _____

* Misc. must have a receipt attached with explanation