

**MONTHLY TRAVEL REPORT  
PICKENS COUNTY BOARD OF EDUCATION**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ MONTH/YEAR OF REPORT \_\_\_\_\_

**DIRECTIONS:** Complete all sections and return to the Superintendent by the 3<sup>rd</sup> of every month. If the report is late, you will have to wait until the following month for payment.

DATE	MEAL TICKETS & OTHER EXPENSES	CONFERENCE REGISTRATION	MILES	DESTINATION	PURPOSE
<b>TOTALS</b>			_____ TOTAL MILES x <u>.555</u> (Local Rate) = _____		
<ul style="list-style-type: none"> <li>Original receipts for all claims must be attached in accordance with local policies. Note: Receipts must accompany all expenses claimed except mileage.</li> </ul>			<b>PLUS TOTAL OTHER EXPENSES</b> + _____		
<b>ACCOUNT#</b> _____			<b>TOTAL CLAIM</b> = _____		
<b>DATE PAID</b> _____ <b>CHECK#</b> _____					

I, the undersigned employee, accept full responsibility for this report and certify that the contents are valid and true.

EMPLOYEE \_\_\_\_\_  
DATE \_\_\_\_\_

APPROVAL \_\_\_\_\_  
DATE \_\_\_\_\_

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DATE	MEAL TICKETS & OTHER EXPENSES	CONFERENCE REGISTRATION	MILES	DESTINATION	PURPOSE
Totals					
<ul style="list-style-type: none"> <li>Original receipts for all claims must be attached in accordance with local policies. <b>NOTE: Receipts must accompany all expenses claimed except mileage.</b></li> </ul>			_____ TOTAL Miles x .505 (Local Rate)	=	_____
			PLUS TOTAL OTHER EXPENSES	+	_____
ACCOUNT# _____			TOTAL CLAIM	=	_____
DATE PAID _____ CHECK# _____					

I, the undersigned employee, accept full responsibility for this report and certify that the contents are valid and true.

EMPLOYEE \_\_\_\_\_  
DATE \_\_\_\_\_

APPROVAL \_\_\_\_\_  
DATE \_\_\_\_\_