

**Monthly Travel Report - Taylor County School Board**

Send completed forms to the Accounts Payable Department in the Finance Offices.

PAYEE \_\_\_\_\_ MONTH \_\_\_\_\_ SCHOOL/DEPT. \_\_\_\_\_

DATE	POINT OF BEGINNING	DESTINATION	RT	BUDGET LINE CODE #	PURPOSE	MILES

Vendor #: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_

Total Miles \_\_\_\_\_

x .445 per mile \$ \_\_\_\_\_

	END	FUNC	OBJ	CNTR	PROJECT	PGM
1.			331			
2.			331			
3.			331			
4.			331			

AMOUNT

\$  
\$  
\$  
\$

TOTAL \$ \_\_\_\_\_  
**FOR ACCTS. PAYABLE USE ONLY**

Payee Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that this travel claim is true and correct; that the expenses were actually incurred in necessary travel performance of official duties; and same conforms to requirements of Section 112.061 Florida Statutes and School Board Policy.

**Instructions:**  
 Include only one month's travel per form.  
 Form must be in ink or typewritten. All signatures must be originals & in blue ink.  
 Place a check mark in the RT column for round trips (i.e., from point A to B and back to A).  
 Fill in applicable budget coding(s).  
 Use appropriate budget line code # (1, 2, 3 or 4 above) for each trip listed.  
 Complete all requested information to prevent reimbursement delays.  
 TCSB #67 (Revised 07/2006)

**Principal or Supervisor Signature**  
 I hereby certify that to the best of my knowledge the above travel was performed for the purposes stated above, and has not been paid from internal funds.