DeKalb County
Board of Education
Every student counts, every moment matters.

Travel Period

From _____

To _____

Mileage Reimbursement Request

In-county travel

Date	*Place / Purpose*	*Miles traveled*	*Mileage (x.47/mile)*
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
	Total		***$0.00***

I hereby certify to the correctness of the above travel and it was incurred in the performance of official duties.

_____

Name & Position

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