Cumberland County Board of Education
Travel Report

Travel Report for _____ Title _____

Department _____ Certified _____ Non-certified _____

Budget Code _____ Month of _____, 20_____

Date	From	To	Purpose	Departure Time	Arrival Time	Miles	Cost	Other Expenses

PO# _____ Date Paid _____ Amount Paid _____

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

Signature _____

Mailing Address _____

_____

Approved by: _____

Revised 10/2014