WILKINSON COUNTY SCHOOL DISTRICT

Handicap Students

TRAVEL VOUCHER - CENTREVILLE

Name (Driver) _____ Month/Year _____

DATE	DESTINATION	PURPOSE

TOTAL NUMBER OF DAYS _____ X $26.00 per day = $_____

Name(s) of transported handicapped student _____

_____

I certify that the above information is true and correct.

SIGNATURE OF DRIVER _____

APPROVED: _____

County Superintendent