Monthly Travel Report
Pickens County Board of Education

NAME _____ **POSITION** _____ **MONTH/YEAR OF REPORT** _____

DIRECTIONS: **Complete all sections and return to the Superintendent by 3rd of every month. If the report is late, you will have to wait untul the next month for payment.**

DATE	MEAL TICKETS & OTHER	CONFERENCE	MILES	DESTINATION	PURPOSE
Totals					

*** Original receipts for all claims must be attached in accordance with local policies. NOTE: Receipts must accompany all expenses claimed except mileage.**

TOTAL Miles X .58 (Local Rate) = _____

PLUS TOTAL OTHER EXPENSES + _____

TOTAL CLAIM = _____

ACCOUNT NUMBER _____

DATE PAID _____ CHECK # _____

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

EMPLOYEE _____ **APPROVAL** _____

DATE _____ **DATE** _____