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** _____

FOR ACCTS PAYABLE USE ONLY

X .51 per mile $_____

	FUND	FUNC	OBJ	CNTR	PROJECT	PRGM	Amount
1.			332				$
2.			332				$
3.			332				$
4.			332				$

Total	$

FOR ACCTS PAYABLE USE ONLY

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)

_____

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.

_____

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 out of internal funds.